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ABSTRACT

This guidebook is designed to assist educators in becoming more effective child guidance leaders within the school system. Sections discuss the following areas: (1) indicators of current emotional problems; (2) children's common emotional problems, including fears, separation and loss, misbehavior motivations, aggressiveness, stealing, lying, shyness, hyperactivity, hospitalization anxiety, wetting and soiling, and childhood sensuality; (3) predictors of future emotional problems; (4) affective education, specifically considering the DUSO (Developing Understanding of Self and Others) curriculum, "magic circles," classroom meetings, and the building of an affective education program; (5) relaxation training and guided imagery; (6) the role of the mental health professional; (7) guidance activities such as the Georgia Comprehensive Guidance Series, primary guidance activities, role playing, bibliotherapy, and the five faces technique; and (8) professional stress. Aspects considered under this heading are: the relationship between education and stress; dealing with stress; identifying sources of stress; physical needs; relaxation training; time management; support systems; and rethinking in the areas of nonassertiveness, conflicts, and illogical thought patterns. The guidance activities section of the manual includes a list of materials useful for bibliotherapy in the areas of capabilities, death, differences, divorce, cooperation, emotions, fears, family concerns, handicaps, medical concerns, school, and shyness. Illustrative guidance activities are appended. (RH)

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EFFECTIVE CHILD GUIDANCE

An Educator's Guidebook

B. Mathews Hill

Illustrated by Mary Ann Hill

PS 015132

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Preface

This guidebook is designed to assist educators in becoming more effective guidance leaders within the school system. Although the material is self-contained and refers to several additional resources, it is designed to be most effective when used in conjunction with a training program provided by a qualified mental health professional.

The purpose of all of the materials contained herein is to improve the lives of children by improving their mental health potential. It represents an effort to preserve the integrity of our planet's most precious resource, the human child.

TABLE OF CONTENTS

Indicators of Current Emotional Problems 1

Common Emotional Problems 4
- Fears 4
- Separation and Loss 6
- Misbehavior Motivations 10
- Aggressiveness 13
- Stealing 15
- Lying 17
- Shyness 19
- Hyperactivity 20
- Hospitalization 23
- Wetting and Soiling 24
- Children's Sensuality 25

Predictors of Future Emotional Problems 27

Affective Education 29
- DUSO 29
- Magic Circle 31
- Classroom Meetings 32
- How to Build an Affective Education Program 35

Relaxation and Imagery 36
- Relaxation Training 36
- Guided Imagery 41

Using the Mental Health Professional 43
- Q's and A's 43
- Community Resources 46

Guidance Activities 51
- Georgia Comprehensive Guidance Series 52
- Primary Guidance Activities 54
- Role Playing 55
- Bibliotherapy 57
- Five Faces 64

Professional Stress 65
Education and Stress 65
Dealing with Stress 68
Identifying Sources of Stress 69
Physical Needs 71
Relaxation Training 71
Time Management 73
Rethinking 74
Assertiveness 74
Conflict Analysis 75
Awfulizing 76
Support Systems 78

Appendixes 79

Indicators of Current Emotional Problems

Indicators of Current Emotional Problems

Since educators spend significant amounts of time interacting in the social-emotional setting of the school, and since they lack the same close emotional ties that exist between the parent and child, educators are often in the position of being experts on the indications of emotional problems of children. The purpose of this section is to help educators refine these necessary screening skills.

It has been said that abnormal behavior is seldom a new or different kind of behavior. With some exceptions, abnormal behavior is either too much or too little of otherwise normal types of behavior.

Mansheim (1982) has provided the educator or caregiver with a useful model to detect and evaluate emotional problems. Mansheim suggests that beyond noting that students either show too much or too little of a certain type of behavior, educators should also look at the students' spheres of functioning, as in self-concept, peer relationships, health, academics, grooming and family life.

Mansheim suggests that if any of the above areas demonstrate a sudden or noticeable change the educator whould be alert to the possibility of emotional problems. An existing problem in any one of these areas of functioning, in and of itself, does not necessarily indicate an emotional problem. It is the sudden change, or the development of a problem in another area of functioning that signals a possible problem.

It is also important to look at a child's age and developmental level. For instance, the signs of emotional problems in the preschool child are most often characterized by anxiety types of reactions. In the school-aged child most of the warning signs are forms of behavioral disturbance with the origin most commonly being found in family problems.

Loveless (1981) has pointed out several common ways these emotional indicators show themselves:

(1) Excessive anxiety.
(2) Inability to use intellect efficiently.
(3) Inappropriate emotional responses for the situation.
(4) Inappropriate behavior for the age of the child.
(5) Perceptual distortions. (Persistent, inaccurate and abnormal perceptions of the world of objects and facts.)
(6) Highly defensive behavior.
(7) Inadequate self-concept.
(8) Inflexibility.
(9) Distorted patterns of movement.
(10) Impairment of emotional relationships.

Once again, any one of these signs does not establish the existence of an emotional problem. Rather, they should be viewed in relation to the other signs and throughout broad areas of behavior.

Some of the more common emotional problems and suggested methods for dealing with them will be found in the second section of this volume. Current behaviors which have been found to relate to future emotional and substance abuse problems are dealt with in the third section of this guidebook.

IN BRIEF...

Educators are in a key position to detect indicators of emotional problems.

Most problem behavior is either too much or too little of otherwise normal behavior.

The most common indicators of problems at the preschool age are anxiety-related.

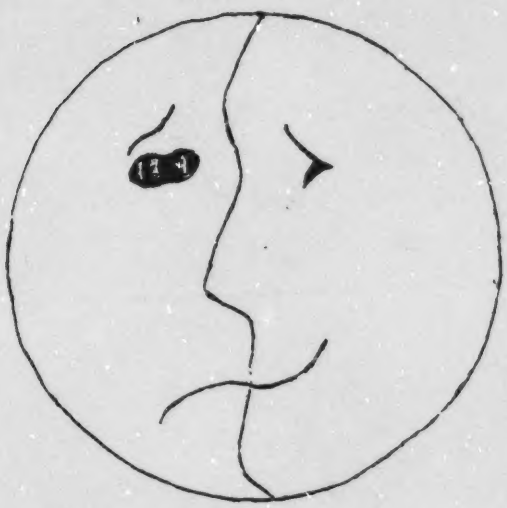
The most common emotional indicators in school-aged children are behavioral disturbances originating from family problems.

Resources

Oklahoma Child Development Associate Curriculum: Behavior and Guidance. Rev. Ed. Midwest City, OK.: Oscar Rose Junior College, 1981. (ERIC Document Reproduction, Service No. ED 208996) Susan C. Loveless.

"The Evaluation of Early Warning Signs of Emotional Disturbance in Childhood." Paul Mansheim, Education, Vol. 102, No. 4, 1982.

COMMON EMOTIONAL PROBLEMS



Common Emotional Problems

Fears

Children's fears are a normal part of growing up. Some of these fears are the result of actual events or objects in their world. Others are the product of imagination. In a young child there is no difference in how real the fears are regardless of the source.

To the infant, everything is new and uncertain. The toddler is beginning to sense his ability to get hurt and realizes that other people and objects have "things that are happening to them." The preschooler has a degree of comfort with "what is," but is concerned about what "could happen." The development of imagination in the young child now produces a set of possible fears for things that were taken for granted at an earlier stage of development.

The Footsteps series report on Children's fears (1979) listed several avenues for combating children's fears. They are:

- Some children need to learn all about the situations they fear.
- Some children need to control the fearful objects or situations themselves.
- Some children use their imaginations to combat fears.
- It always helps to share a fear with a trusted adult.
- It feels good to talk about a scary event. Talking lets the fears out. Talking together brings in a feeling of safety.

Since the child perceives the adult as possessing a "magic" that is unique to grown-ups, it is just as easy for the adult to intensify the child's fears as it is to decrease them. Wolman (1978) suggests guidelines to aid the sincere adult in helping children overcome the bondage of fear:

- Don't force the child into a feared situation.
- Do remove the child from the situation and then discuss it.

- Don't laugh at or ridicule the child for his or her fears.
- Do listen to the childs fears and accept them as real to the child.

- Don't ignore or dismiss the child's fears. The child may just repress them.
- Do help the child face them in the ways described above.

- Don't transmit or involve a child in your own personal fears.
- Rationally cope with your own fears. Let the child see adults overcome fears.

IN BRIEF...

Fears are a normal part of growing up.

Children have a variety of ways open to them to deal with their fears.

Adults can help or hinder a child in overcoming his or her fears.

Resources for children's fears

See section on Relaxation Training and Mental Imagery on page 36 in this volume.

See section on bibliotherapy in the Guidance Activities section of this volume.

The Child Under Six. James L. Hymes, Jr., Columbus, Oh.: Charles E. Merrill, 2nd ed., 1974.

Children and Fear. Steven Joseph, New York: Holt, Rinehart, and Winston, 1977.

Children's Fears. Benjamin B. Wolman, New York: Grosset and Dunlap, 1978.

The Magic Years. Selma Fraiberg, New York: Charles Scribner, 1959.

Your Child from One to Six. Richard H. Granger. Available as DHEW Publication No. (OHDS) 77-30026 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Separation and Loss

Perhaps one of the most crucial areas that an educator exercises his/her guidance skills in is the area of helping the child deal with the separation from, or loss of, important people in the child's life. Very few educators are not touched by at least one child experiencing the trauma of a death, divorce, separation, or abandonment.

During these confusing times for the child the educator usually plays one of a variety of roles. These roles may range from a supportive person at the periphery of the problem to the adult who must inform the child of a significant loss in his/her life.

In her book, Helping Children Cope with Separation and Loss, Claudia Jewett provides a thorough exploration of every conceivable aspect of a child's reaction to this type of crisis, along with practical guidelines to aid the adult in dealing with the child. Ms. Jewett notes the similarities between the separation and losses incurred in death, divorce, and marital separation.

Ms. Jewett discusses who should tell the child, how the child should be told, and outlines the stages of grief the child passes through in attempting to deal with separation and loss. Each of these areas will be briefly summarized.

Who should tell the child? In the case of marital separation or divorce, ideally both parents should inform the child. This helps to assure the child that parental love for him or her continues. In the case of a death, the adult to whom the child feels the closest should tell the child what has happened.

What should be said? The first thing that needs to be communicated to the child is, "You are not alone--I am with you." It is beneficial to touch and hold the child. In trying to be helpful it is important not to smooth over what has happened, thus depriving the child of the right to confront and resolve the grief.

If a loss has occurred with no forewarning it is best to convey the facts in a straightforward way. If the separation or death was not unexpected, it is best to begin by talking about the changes the child has already noticed. For example: "You have noticed that mommy has gone to the doctors a lot lately?", or "You know daddy and I have been arguing a lot the past few months."

When talking to children about a separation or loss, an adult is often confronted by the child's "magical thinking". Magical thinking is the illogical belief the child has that he is responsible for all that goes on all around him. Thus, he feels that daddy died or divorced mommy because he (the child) was bad and the parent will come back if he is good. The child needs to know that he did not cause the loss nor can he mend it. In the case of death he needs to understand that it is irreversible.

The child needs to be allowed to ask questions about what is going on and what is going to happen. He needs to know about viewings, burials, cremations, and the procedures of the courts. All of the functions need to be explained in detail before they actually occur. A child should not be asked to view or touch the deceased. Developmentally he may not be ready for this type of experience. Encouraging the child to remember and talk about the one who is gone is a much more constructive approach.

Adults should not be surprised to see young children acting out what has happened. It is quite normal for children to play funeral or have their dollies get a divorce.

The child will want to know what is going to happen to him. As soon as such decisions are made the child needs to be prepared for the changes that will occur in any living arrangements.

Stages of Grief

Early grief. The most typical initial reaction to separation or loss is a shock and an emotional numbing. In the child this is usually followed by a sense of alarm as he realizes his own vulnerability in a way he has not previously felt. This mental sense of alarm continues to show itself in such things as insomnia during the first year of adjustment.

There may also be a sense of physical alarm. That is to say, occurrences such as increased heart rate are common, as are increased muscle tension, dry mouth, and bowel and bladder control problems. Because of this increased stress on the body, it is also common for the child to be more prone to physical illness and infection.

This initial alarm tends to subside partially when the child employs the coping mechanism of denial and disbelief. The adult should not form a coalition of disbelief with the child. Adults should also realize that this initial disbelief helps the child cope with the loss. Continued disbelief is a sign of unresolved grieving and may require professional help. At times the child uses increased hyperactivity as a form of denial.

Phase Two: Acute grief. After the initial shock of a loss begins to subside, the child generally enters a stage of yearning and pining. The child may find various ways to search for the lost person in an attempt to somehow recover him.

Acute grief is often referred to as an "era of strong feelings". The child may demonstrate sadness, anger, guilt, and shame, alternately. These feelings are a very necessary part of the grieving process. This being the case, it is best for adults to try and accept the child's feelings for what they are and not communicate to the child that he or she should not feel that way. Adults need to be aware that they may be a convenient vent for the anger and hostility the child is feeling even if they have been supportive with the child.

The acute phase may also see the child appearing much more disorganized than before. This is because grief is hard work and uses a lot of energy. This disorganized period may also bring a return of some physical symptoms.

Phase Three: Integration of loss and grief. After the child has worked through the "era of strong feelings", s/he begins a period of reorganization. Children vary considerably in the size, number, and speed of ways in which they begin to show a reorganization of functioning. In the end of the grieving process it is as if the child is saying, "The worst possible thing that could happen did happen, and I survived it. Now I'm ready to get back to the business of growing".

The adult's participation in a child's grieving process is not an easy task. It requires a willingness to accept what the child is feeling, a willingness to listen, the provision of a very consistent environment, and a tolerance for feelings and behaviors that may be hard to understand for the nongrieving adult. However, the adult will have given the child the opportunity to return to a world of living and growing.

IN BRIEF...

It is best that trusted adults tell the child of separation and loss.

The child's security needs are paramount at times of separation crises.

A child must be allowed to work through the stages of grief to be able to continue his emotional development.

Resources on Separation and Loss

See the bibliotherapy list of books related to death and divorce listed in the guidance activities section of this volume.

See the "Five Faces" technique listed in the guidance activities section of this volume.

A Time to Grieve. Bertha G. Sinios, New York: Family Service Association of America, 1979.

Divorce Is a Grown-Up Problem. Janet Sinberg, New York: Avon, 1978.

Explaining Death to Children. Earl A. Grollman, Boston: Beacon Press, 1967.

Helping Children Cope with Separation and Loss. Claudia L. Jewett, Harvard, Ma.: The Harvard Common Press, 1982. (Or ERIC Document Reproduction Service No. ED 219 145).

It's Okay to Cry. Leone Anderson (death) Elgin, Ill.: The Child's World, 1979.

When Parents Divorce. Caring About Kids. Constance Stapleton and Norma McCormack; National Institute of Mental Health. Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (Or ERIC Document Reproduction Service No. ED 219 687).

Young and In Foster Care. Norene and Robert Burke, Baldwin, N.Y.: Burke & Conroy Associates, 1979.

Misbehavior Motivations

Dr. Rudolf Dreikurs (1968) has developed an easy model to use to help adults understand why children misbehave.

The basic assumption of the model is that all behavior is purposeful and goal-directed. The basic motivation with all children is for acceptance and status within their social and family environment.

When a child misbehaves s/he does so by selecting a misdirected goal in order to gain acceptance or status. The four goals of misbehavior are attention, power, revenge, and feigned inadequacy.

Since adults have rather predictable reactions to each of these classes of behavior, it becomes a simple matter of the adult examining his/her own emotional reaction to the child in order to determine the child's mistaken goal.

Having determined what causes the child's misbehavior, the adult can then begin to determine strategies to deal appropriately and effectively with the misbehavior. This process is illustrated by the chart on the following page, which was adapted from D. Dinkmeyer and G.D. McKay, Systematic Training for Effective Parenting: Parent's Handbook. Circle Pines, Minn.: American Guidance Service, 1976, p. 14.

THE GOALS OF MISBEHAVIOR

Child's Goal*	Child's Faulty Belief	Parent's Feeling and Reaction	Child's Response to Parent's Attempts at Correction	Alternatives for Parents
ATTENTION	I belong only when I am being noticed or served.	Feeling: Annoyed. Reaction: Tendency to remind and coax.	Temporarily stops misbehavior. Later resumes same behavior or disturbs in another way.	Ignore misbehavior when possible. Give attention for positive behavior when child is not making a bid for it. Avoid undue service. Realize that reminding, punishing, rewarding, coaxing, and service are undue attention.
POWER	I belong only when I am in control or am boss, or when I am proving no one can boss me!	Feeling: Angry; provoked; as if one's authority is threatened.	Active- or passive- aggressive misbehavior is intensified, or child submits with "defiant compliance".	Withdraw from conflict. Help child see how to use power constructively by appealing for child's help and enlistin cooperation. Realize that fighting or giving in only increases child's desire for power.
REVENGE	I belong only by hurting others as I feel hurt. I cannot be loved.	Feeling: Deeply hurt. Reaction: Tendency to retaliate and get even.	Seeks further revenge by intensifying misbehavior or choosing another weapon.	Avoid feeling hurt. Avoid punishment and retaliation. Build trusting relationship; convince child that she or he is loved.
DISPLAY OF INADEQUACY	I belong only by convincing others not to expect anything from me. I am unable; I am helpless.	Feeling: Despair; hopelessness. "I give up." Reaction: Tendency to agree with child that nothing can be done.	Passively responds or fails to respond to whatever is done. Shows no improvement.	Stop all criticism. Encourag any positive attempt, no matter how small; focus on assets. Above all, don't be hooked into pity, and don't give up.

*To determine your child's goal, you must check your feelings and the child's response to your attempts to correct him or her. Goal identification is simplified by observing:

a. Your own feelings and reaction to the child's misbehavior.
b. The child's response to your attempts at correction.

By considering your situation in terms of the chart, you will be able to identify the goal of the misbehavior.

IN BRIEF...

All behavior is purposeful and goal directed.

By examining their own feelings and reactions to a child's misbehavior, adults can determine which of the four goals of misbehavior the child is striving toward.

Understanding the goal of a child's misbehavior helps adults plot a course to appropriately deal with the real problem.

Resource

Psychology in the Classroom: A Manual for Teachers. Rudolf Dreikurs, M.D., New York: Harper and Row, 1968.

Aggressiveness

Very few educators escape dealing with a consistently aggressive student at some point in their career. The aggressive child can evoke various negative feelings in the caretaking adult, and these feelings can lead to a variety of methods in dealing with the child.

For the safety and well-being of the other children, it may be necessary at times to remove the temporarily disruptive child from the rest of the group. To physically punish the child displaying aggressive behavior will reduce the behavior in that one situation but increase it in others. It is difficult for the child to discern that adult physical punishment is any different than the child's aggressive behavior.

Some aggressive students lack social skills. For them it may be that learning socially acceptable ways to express feelings might be helpful.

Other aggressive children may have a very high energy level. These students are best channeled into activities such as carpentry where they can use their energy to a constructive end.

Educators at times assume the aggressive child has a "tough skin" and can take whatever manner of discipline is administered. This is seldom the case. These children often have a very poor self-concept resulting from repeated negative interactions with others due to their own aggressive behavior. Those with responsibility for these students must therefore be certain that the message they send is clear: It is the <u>behavior</u> that is disapproved of and not the <u>behaver</u>.

IN BRIEF...

Aggressive behavior is not <u>permanently</u> modified by physical punishment.

Aggressive behavior may be the result of poorly learned social skills or high energy levels.

Aggressive children may have a self-inflicted deficit in their self-concept.

Aggressive children need to be assured that it is their behavior and not they themselves that the adult disapproves of.

Resources

See section on indicators of current emotional problems in this volume.

See the Rudolf Dreikurs model in this section.

Psychology in the Classroom: A Manual for Teachers. Rudolf Dreikurs, M.D., New York: Harper and Row, 1968.

Schools Without Failure. William Glasser, M.D., New York: Harper and Row, 1969.

Your Child from One to Six. Richard H. Granger, M.D., DHEW Publication No. (OHDS) 77-30026. Available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Stealing

The act of stealing in children under eight must be considered within a developmental framework. Usually young children are in the process of developing the concept of ownership, and severe punishment does little to solve the learning deficit.

When a child has at least started to understand the concept of ownership there are a few basic reasons why he or she may still choose to steal, as outlined by Cline (1980):

1. Modeling. The child has seen others perform the same act and feels it is all right for him to do it as well.

2. Coveting. Even children with an excellent concept of ownership will at times allow their desires to overrule their judgement.

3. Attention. Children will often decide that negative attention is better than no attention at all. This pattern can be quickly reinforced and become habitual if the adult is not cautious.

4. Parents. If a child perceives adults taking things from their employers or others without permission, he receives an implicit message that such actions are appropriate.

5. Pathology. Some children do not seem to internalize society's rules, or any feelings of remorse, for infringing on others. These children generally need professional counseling.

With a young child, understanding the reason a child takes things often helps the adult structure the "teaching moment". The child needs to be told about property rights and accompanied when returning the object to its owner. Proper borrowing procedures need to be explained. The child needs to be aware that this "learning" procedure will be repeated each and every time there is an infraction of the rule. Unfortunately, this can be quite often for a good number of children. However, if the lesson is repeated consistently most children respond favorably.

IN BRIEF...

Concepts of ownership develop gradually in the child.

There are several motivations adults should understand concerning children's stealing.

Teaching the concepts of ownership and borrowing is a slow process that is effective if it is done consistently.

Lying

Children, like adults, lie for a rather small number of reasons (Cline, 1980):

1. Avoidance. To avoid negative consequences, blame, ridicule, disapproval, or emotional pain.

2. Attention. To look good or impress others. To gain group acceptance or approval.

3. Revenge. To get others into trouble for a variety of reasons including rivalry.

4. Power. A hostile act in an adult-child struggle.

5. Pathology. He/she lacks what is usually referred to as a "conscience", or does not firmly grasp to concepts of reality.

Each type of lie requires a somewhat different strategy. The avoiding child must confront the consequences of the lie as well as the original act. The attention seeker must be redirected to a more appropriate way of gaining social rewards. The child wanting revenge or power from a lie must find that neither strategy is useful. The pathological liar needs psychotherapy to overcome the problem.

Generally it is better to explain the social, family, personal, and academic consequences of the lie than to nag or demand a lot of "why" answers to adult questions. Often this places the child in the position of either lying again to accommodate the adult or saying nothing.

Educators and other adults need to talk about honesty at positive moments rather than just mentioning it when someone is displaying the opposite types of behavior. Good examples need to be praised in front of the children. Honesty in the face of punishment should be noted.

Children often respond when they receive natural or logical consequences for their actions. An educator might clearly explain to a child, "You will need to miss two recess periods. The first is because of the fighting. The second is because you did not choose to tell me the truth about the fight".

In teaching children to be truthful, an adult needs to be aware of the child's level of development. For instance, children do not develop what adults refer to as a "conscience" until around six or seven. Even at that age, knowing the difference between truth and falsehood does not guarantee that they will refrain altogether from lying.

One of the most difficult patterns of lying to perceive and deal with is adult-induced lying. This can occur for several reasons:

(1) Adults may not want to believe a child has a certain feeling or belief because it is so opposed to their own feelings.
(2) Adults may set such high expectations that a child will lie to avoid disappointing them.
(3) Nagging, tirades, and endless lectures by the adult, become an additional reason to continue lying.
(4) In anger, an adult may back a child into a corner where the only safe response is a lie.

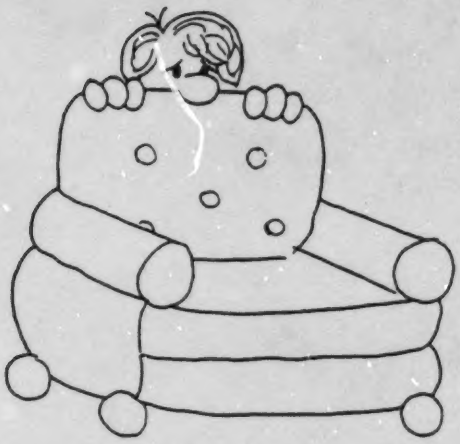
Developing honesty in a child is not only positive social education, it is also preventive mental health. Liars inevitably begin to label themselves as liars. This also colors their perception of the outside world as trustworthy. The child is therefore at a higher risk of jeopardizing the positive regard and affection from those who are closest to him.

IN BRIEF...

Children lie for a few basic reasons.

Honesty needs to be taught in positive situations and not just when dishonesty is evident.

Adults need to exercise caution in dealing with lying so they do not indirectly encourage or perpetuate the problem in children.



Shyness

The shy child is generally a child who has not developed the social graces that he or she desires. This child may also fear social interaction with others or fear failing at such interactions. Some children are simply happier when they are not talking.

If the child is shy due to a lack of social graces, the educator can help the child develop social skills by asking the child simple questions about activities or pursuits that are of interest to the child. Such guided encouragement is also appropriate to the child who is fearful. Forcing the child to talk will bring them face-to-face with their fears when they are least prepared to handle the confrontation.

Perhaps the most difficult shyness for the educator to cope with is the child who is happier when quiet. Most educators are outgoing by choice, and they may have difficulty relating to a quiet person who is content to merely sit and listen. The educator should be cautious not to make such a child feel self-conscious or inferior.

Hyperactivity

Parents often ask teachers for their opinion as to the possibility of their child being hyperactive. Such questions recognize the fact that educators have regular contact with several children of the same age and are in an ideal position to make comparisons that parents find more difficult to make.

Such questions also have a variety of motivations behind them which may not be easy to discern. A parent's motivations may range from attempting light humor to trying to locate a medical illness that can serve as a catchall for their child's social or academic shortcomings.

The educator often functions best as a "team" member in the diagnostic and planning stages of dealing with this problem. Ideally, input should be gathered from a team composed of the educator, the parents, a school or clinical psychologist, and a physician knowledgeable about hyperactivity, learning disabilities, and developmental disorders.

Such a team can function in the child's best interests in correctly identifying deficits. The team also has access to appropriate programming to aid the child in dealing with such deficits.

The Diagnostic and Statistical Manual of the American Psychiatric Association (1980) gives the following information for the "Attention Deficit Disorder with Hyperactivity":

Age at onset: Typically by three years of age.

Duration: One of three variations usually occurs.

1) All symptoms persist into late adolescence or adult life.
2) All of the symptoms dissipate at puberty.
3) The hyperactivity disappears around puberty but the attention deficits and impulsiveness persist into later life.

Prevalence: Occurs in as many as 3% of prepubertal children in the United States. The disorder is ten times more common in males than females.

The diagnostic criteria used by the clinician in evaluating a child include, but are not limited to, the following:

A. Inattention (3 of the following).
   (1) Fails to finish tasks s/he starts.
   (2) Does not seem to listen very well.
   (3) Is easily distracted.
   (4) Demonstrates difficulty concentrating on tasks which require sustained attention.
   (5) Does not persist in a sustained play activity.

B. Impulsivity (3 of the following).
   (1) Acts before thinking.
   (2) Excessive shifting between activities.
   (3) Shows difficulty in organizing work (this is not attributable to any type of intellectual impairment).
   (4) Requires a great amount of adult supervision.
   (5) Frequently calls out in large group activities.
   (6) Demonstrates difficulty waiting for turns.

C. Hyperactivity (2 of the following).
   (1) Excessively runs about and/or climbs on things.
   (2) Has problems staying seated.
   (3) While sitting fidgets or shifts excessively.
   (4) Excessive movement during periods of sleep.
   (5) Acts as if "driven by a motor" or as if always "on the go".

D. Onset prior to age seven.

E. Current duration of at least six months.

F. Behavior is not due to another mental disorder or severe mental retardation.

Since educators have such great familiarity with children of the same age they are often asked to monitor behavior both prior to treatment and after treatment has commenced. Often this is done by having the educator complete an identical behavioral checklist at the two intervals mentioned above.

If the educator is asked to "keep an eye" on the child for behavioral changes, it is best to keep a daily log of behavioral observations. Such a log would contain non-judgemental descriptions of a child's behavior in large group, small group, one-on-one, and individual activities and rest periods.

The educator may also need to make appropriate referrals to the resource program or the speech clinician. In all of these functions the educator may act as a sort of "case manager" seeing to it that the child is properly directed through the maze of helping professionals.

IN BRIEF...

Parents often seek guidance from educators concerning hyperactivity.

In assessing hyperactivity the educator's talents are best employed in a multidisciplinary team.

Attention deficit disorders often include inattention and impulsivity as well as hyperactivity.

Educators should, as a case manager, see to it that the child is properly assessed and receives proper educational programming.

Hospitalization

If children in your class are facing hospitalization, it can be a terrifying and immobilizing ordeal for them. They often create certain myths about hospitals since they are aware that many older people have died in hospitals. Children also sense the anxiety their parents have about hospitalization.

Educators can help the child by their reassurances that all will go well. Other children who have been hospitalized (e.g. tonsilectomies) can share their positive experiences. The educator can make arrangements, if necessary, for a home teacher to instruct the child while they are away from school.

Many hospitals now offer pediatric outreach services that can inform children in a nonthreatening way about hospital visits. Some hospitals even provide classroom demonstrations.

Resources

When Your Child Goes to the Hospital. Peggy D. Pizzo, DHEW Publication No. (OHD) 76-30092. Available from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The Hospital Scares Me. Paula Z. Hogan, Milwaukee: Raintree, 1980.

Curious George Goes to the Hospital. Margaret and H.A. Rey, New York: Harper and Row, 1944.

Mister Rogers Talks About Going to the Doctor. Fred Rogers, New York: Platt and Munk, 1974.

What Happens When You Go to the Hospital. Arthur Shay, Chicago: Reilly & Lee, Division of Henry Regnery Company, 1969.

Wetting and Soiling

Wetting and soiling of clothes by a young student is often as frustrating and difficult for the educator as it is for the child. Yet it is a problem most educators face during their tenure in the classroom.

Wetting (enuresis) and soiling (encopresis) are most common among males, for unknown reasons. In fairness to the developmental nature of bladder and bowel control, a child should not be thought of as having a problem until four years of age when such control should be fairly well established.

These disorders arise from a variety of causes which may be either physical and/or psychological. Therefore, a child who repeatedly has these types of problems should be referred for a medical evaluation initially.

Both soiling and wetting can cause problems for the child at school. There may be attendance problems, peer ridicule, adult rejection, and exclusion from social activities. The parent-child relationship may also be adversely affected.

Most of the treatment for encopresis and enuresis revolves around the home. Since the child is in school for a large portion of the day, however, the educator may also be asked to play an important role in the treatment process. Such a role generally involves helping the child establish appropriate habits and taking increased responsibility for his or her progress as well as his problems.

The educator can take heart in knowing that the long-term prognosis for these problems is good if they are properly diagnosed and treated.

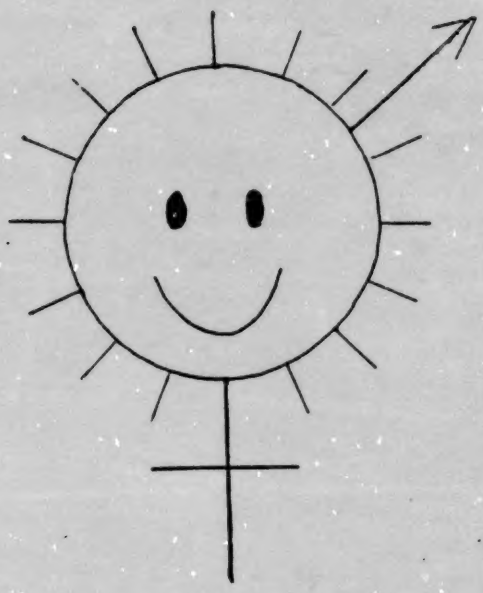
IN BRIEF...

Wetting and soiling problems are most common in males.

These disorders have several different physiological or psychological causes.

Children with these disorders should be initially referred for a medical evaluation.

Educators may play an important role in the treatment process.



Children's Sensuality

Children are naturally active and curious. They are daily exploring new frontiers. When the child begins to explore sensual or sexual frontiers they are often in need of appropriate guidance by a caring adult.

It is normal for the young child to want to touch themselves and adults. Nonetheless children need to know what type of touching is appropriate and what is not. Often children are just imitating what they have seen adults do, or at least what they believe they have seen adults do.

The adult needs to bear in mind that children as well as adults need warmth and a sense of belonging, often communicated through physical contact. Children are also very innocently curious about the ways in which their own bodies are the same as and different from significant adults in their lives.

Adults can help children meet their needs for warmth and physical contact while at the same time setting stable limits. Many opportunities for nonsexual physical relationships help in this area. In addition adults can use limit-setting phrases such as, "You can touch my hands or face but I don't feel comfortable when you touch me there". Such communication sets limits on the behavior but does not attack the child's self-concept or normal motivations.

IN BRIEF...

Children are explorers in many areas including sexuality.

Children's interest in the bodies of adults and other children is normal.

Children need stable limits set on sexual behavior that do not impair their self-concept.

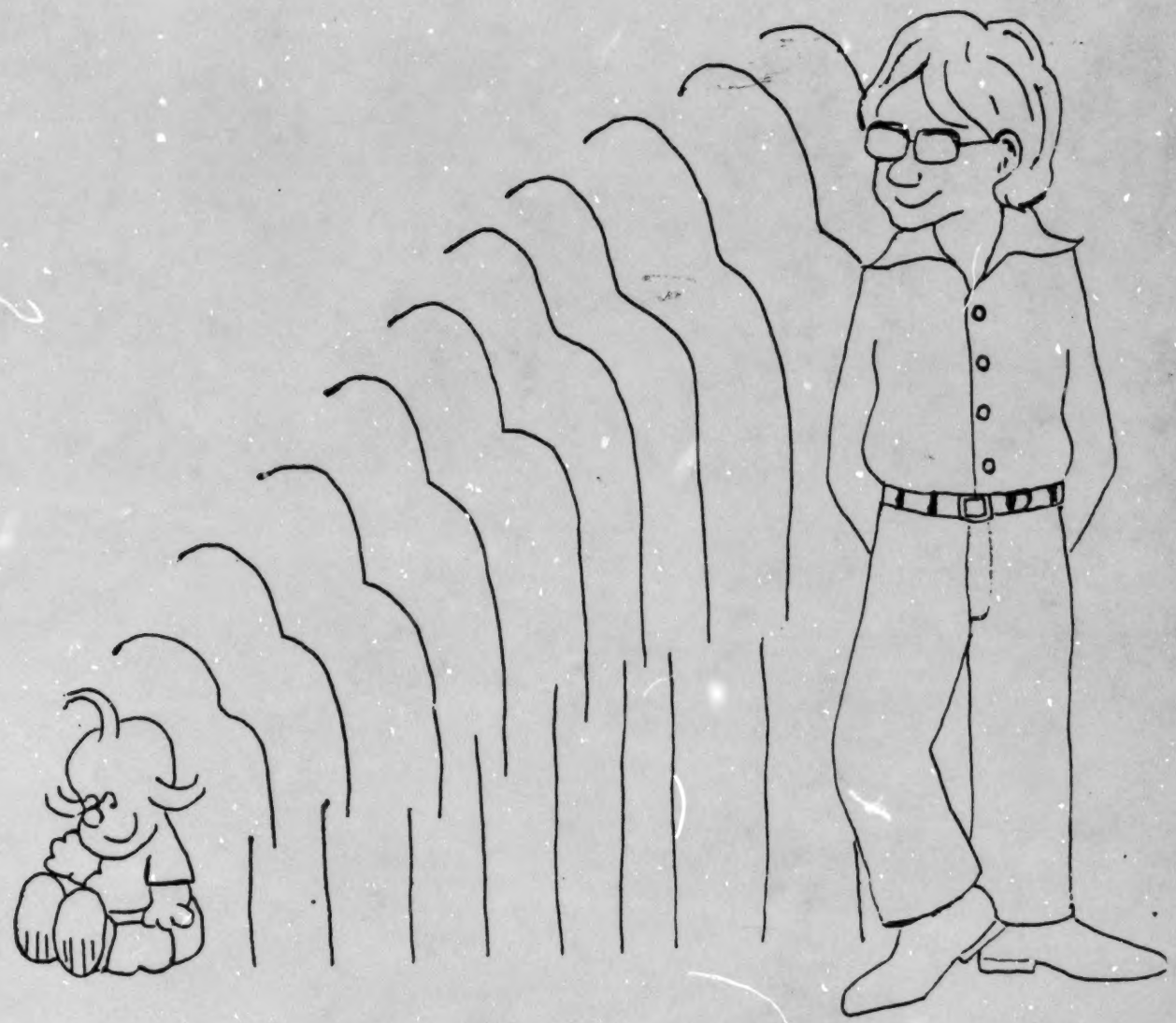
Resources on children's sensuality

Before You were a Baby. Paul and Kay Showers, New York: Thomas Y. Crowell, 1968.

The Family Book about Sexuality. Mary Calderone and Eric Johnson, New York: Harper & Row, 1981.

How Babies are Made. Andrew Andry and Steven Schepp, New York: Time-Life Books, 1968.

A Sexual Learning Curriculum for Parents of Young Children. K.F. Green, J.M. Hrnyak, and S.A. Dean, Cleveland, Oh.: Cleveland Program for Sexual Learning, 1982. Available as ERIC Document Reproduction Service No. ED 223 326.



Predictors Of Future Emotional Problems

Predictors of Future Emotional Problems

Many educators, especially early childhood educators, do not realize they play a critical role in screening and identifying children who could benefit from early intervention. Many studies are just now beginning to bring to light the predictive value of the educators' early observations (Kellam, Brown, Rubin, & Ensminger, 1982).

In recent years a number of longitudinal studies have shown that certain difficulties and behavior patterns in children as young as first grade are reliable predictors of psychological problems in late adolescence and young adulthood. A longitudinal study is one which follows the same group of people over a long period of time, and is therefore the only type of study that can point out predictive variables with any degree of certainty.

The value of the educator knowing what these predictors are lies in the belief that the educator can make a difference. The educator is in a position to see these early warning signs and provide appropriate programming or referral to proper resources.

A note of caution is in order for the educator making use of these predictors. The fact that a child has any one of these indicators does not mean that they will inevitably fall prey to a psychological symptom in later life. The indicators noted below range in their predictive value from fair to excellent. Thus one can see that they are best used as possibilities for improving a child's growth emotionally, rather than as a blueprint for a child's predestined fate.

Predictors of Psychological Symptoms and Substance Use (Kellam, et. al., 1982)

- Hyperactivity in males tends to predict a more restless, nervous, tempermental, or depressed adolescent or adult.
- Early cheerlessness or depression in males is often an antecedent of schizophrenia.
- Early worrying and nailbiting, together with specific fears in childhood are predictive of adult anxiety disorders for both sexes.
- The young female who simultaneously experiences sadness and worry will later tend to report several psychological symptoms of significant severity.
- Somatic (physical) symptoms and muscular tensions are related to adult problems of a similar nature for both sexes.
- Early learning problems (without behavior problems) is associated with depression in older males and paranoid feelings in older females.
- A low I.Q. is predictive of future neurotic problems in females and of antisocial problems in males.

- Early aggressiveness, together with antisocial behavior, is predictive of sociopathic problems for both sexes and predictive of schizophrenia for the male.
- Pathological lying and staying out late is predictive of sociopathic problems in later life for both males and females.
- Theft and sexual problems in the young female are associated with later sociopathic problems.

Predictors of future substance use or abuse are:

- Psychological distress in early childhood is predictive of future substance use.
- Alienation from the dominant values of society in middle childhood is linked to later substance use.
- Children seen as obedient, tender, and shy rarely engage in later substance use.
- Early aggressive and antisocial behavior is indicative of later substance use.
- The rare combination of the shy and aggressive young male is highly predictive of future substance use.

IN BRIEF...

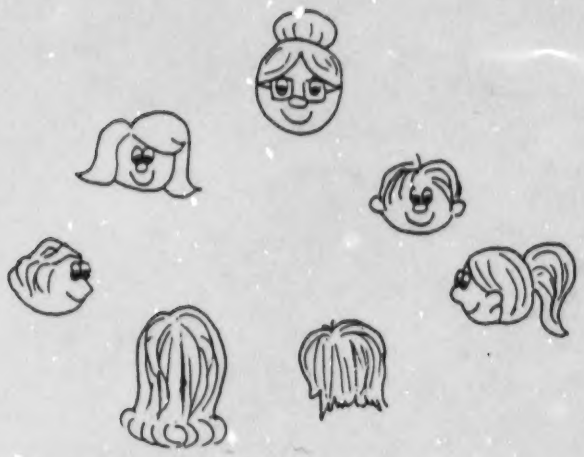
Educators play a major role in recognizing early warning signs of future emotional problems.

Many early problems are predictive of later problems.

Educators can use predictive information to aid children in their emotional growth.

Resource

Paths Leading to Teenage Psychiatric Symptoms and Substance Use: Developmental Epidemiological Studies in Woodlawn. S.G. Kellam, C.H. Brown, B.R. Rubin, and M.E. Ensminger. Chicago, Ill.: University of Chicago, 1982. (ERIC Document Reproduction Service No. ED 215 787).



AFFECTIVE EDUCATION

Affective Education

Rationale for Affective Education

Educators of young children have long prided themselves on teaching the whole child. This concept encompasses the belief that children learn best in an environment which promotes social and emotional growth as well as cognitive growth.

Yet many of these same educators find it difficult, with current curricular practices, to deal in any sort of systematic or rational way with the social and emotional aspects of the student's learning. The reading, math, and science texts don't provide an answer. The health text might provide a short chapter on feelings, but little else. Some educators attempt to develop their own programs in their so called "spare" time.

Affective education models and programs have emerged in response to this need. They encompass learnings related to dealing with feelings, resolving conflicts, and relating to others. Indeed, Buchholz (1974) noted that cognitive and affective education can be mutually supportive since affective education can assist children in dealing with emotions that interfere with academic achievement.

Buchholz (1974) also noted several other advantages that can accrue as a result of using an affective curriculum. It promotes creative thinking and self-control. Buchholz also noted that teaching style can be positively impacted as a teacher learns to be more empathic.

There have been several affective education programs employed throughout the United States. It is beyond the scope of this guidebook to review them all. Instead, two of the most popular comprehensive programs will be reviewed. This will give a flavor for what these types of programs are like. Additional suggestions will follow the reviews.

There are two widely-used comprehensive affective education programs that every elementary educator should be familiar with. One is the Human Development Program's "Magic Circle". The other program is Don Dinkmeyer's DUSO.

DUSO

Author: Don Dinkmeyer, Ph.D. (1970)
Available from: American Guidance Service, Inc.
Publisher's Building
Circle Pines, Minnesota 55014

DUSO is an acronym for Developing Understanding of Self and Others. It is a self-contained set of instructions, activities, posters, tapes, and songs that lead the kindergarten and primary-aged child on a journey of affective discovery.

Because these kits (DUSO D-1 and D-2) are so comprehensive, the educator can usually begin to use them in the classroom after a careful reading of the manual. Many educators feel more comfortable using DUSO after some counselor led or teacher led inservice and a demonstration lesson or two.

The DUSO curriculum is organized around eight basic themes which comprise its units:

I. Understanding and Accepting Self
II. Understanding Feelings
III. Understanding Others
IV. Understanding Independence
V. Understanding Goals and Purposeful Behavior
VI. Understanding Mastery, Competence, and Resourcefulness
VII. Understanding Emotional Maturity
VIII. Understanding Choices and Consequences

Most educators who are familiar with DUSO and are comfortable with its presentations use the curriculum daily. Since there is great variety in the types of activities provided, it is relatively easy to maintain student interest. Some educators, however, prefer to use a more selective approach using specific topics according to class needs.

DUSO activities are done as a group and several helps are given to help maintain appropriate group behaviors. A simple opening and closing song allow the child a clear grasp of when s/he is involved in an affective educational activity rather than a cognitive assignment.

One of the hallmarks of the DUSO approach is its use of puppetry. The program's central character is DUSO, a puppet dolphin. DUSO's sidekick is a puppet known as Flopsie the Flounder. The instructions in the manual provide an effective rationale for the use of puppetry as well as several practical "how to" suggestions for the educator.

Although puppetry is employed in each of the cycles of the program, it is only one of the major elements of the program. In addition to the puppetry, the program makes major use of group discussions, stories, songs, problem situations, and role playing activities.

DUSO has been extensively field tested and research continues to be done around the use of the program. For many educators who are searching for a comprehensive and complete program, DUSO may be the light at the end of the tunnel.

THE MAGIC CIRCLE

The Human Development Program
Published by: Human Development Training Institute, Inc.
7574 University Avenue
La Mesa, California 92041

The Human Development Program (HDP) is commonly referred to as "The Magic Circle". The "magic" label refers to the fact that it deals in the affective rather than the cognitive area of learning. The circle refers to the logistical formations of the group that is involved in the process.

The HDP is a sequential affective curriculum designed to promote preventive mental health by focusing on emotional and social development. The program design itself and its sequential format are the product of years of research and field testing.

The program focuses on three general themes: (a) awareness, (b) social interaction, and (c) mastery. Each of these themes is developed at each age or grade level by a series of topics discussed by students in a circle group with the teacher serving as the leader or catalyst.

The circle time is generally around twenty minutes per group. During the twenty minutes, the leader will typically introduce the topic to be dealt with. The leader then assumes a more facilitative role by helping the children focus on feelings, promoting active listening in the group, reflecting back the feeling-level messages made by students, enforcing rules against hostile or destructive interactions, and reviewing and synthesizing the material dealt with as the group culminates.

Each level is comprised of topics specifically suited to the level of the students involved. In the guide used in the first grade topics include such things as "Having nice feelings and bad feelings, too", or "Some things at school that I can do for myself".

The activity guides for each grade or age level comprise one component of the program. The basic curriculum also consists of the HDP Theory Manual and the volume "Magic Circle": An Overview of the Human Development Program. (The overview is also available on microfiche from ERIC's Resources in Education as ED 148 394.)

Teachers often express concern that they are not adequately trained to lead a semistructured affective education group. Although the program does not require an extensive background, there are some problems in going into the curriculum unknowledgeable. One of the program's developers, Dr. Uvaldo Palomares, told a group of educators attending

the 1976 Utah Education Association convention that some untrained group leaders decided to invent several of their own topics. This resulted in some public dissatisfaction with the program in the schools.

Educators should become very familiar with the theory behind the program before using it. Minimal preparation would include a thorough reading of the theory manual. Most educators find they perform more adequately if they have had in-service training and demonstrations of the program.

The authors of the Human Development Program clearly state that their program is not a panacea or a behavior modification program. Research has, however, generally been favorable about increases in positive, creative, and healthy behaviors for participants. These factors, coupled with the relatively inexpensive costs to use the program, make it an attractive affective education curriculum for today's schools.

Classroom Meetings

Dr. William Glasser (1969) has pioneered the use of the classroom meeting as both an affective and cognitive learning tool. The classroom meeting is less structured than the DUSO or Magic Circle programs but there are some recognizable similarities.

Dr. Glasser has outlined three types of classroom meetings. They are social-problem-solving, open-ended, and educational-diagnostic meetings. Although each meeting has a similar operating format, each is different in what it focuses upon.

Types of meetings. The social-problem-solving meeting attempts to solve individual and group educational problems affecting the class or the school. The open-ended meeting is an attempt to use a semistructured group setting to stimulate students to think. Students are also asked to relate what they know to the subject being discussed. Educational-diagnostic meetings are directly related to what the students are studying. They act as a barometer to see whether or not certain teaching procedures used in the class are effective.

Social-problem-solving meetings. In such meetings it is essential that certain guidelines be followed:

(1) All problems relative to the class as a group and to any individual in the class are eligible for discussion.
(2) The discussion itself should always be directed toward solving the problem and not toward fault finding or deciding punishment. This helps children learn to think in terms of a solution to problems rather than blame. It is the only positive way to approach true problem-solving.

(3) Meetings should be conducted in a tight circle. This allows everyone equal opportunity for visual and verbal contact.

Open-ended meetings. These are similar to class discussions except that they are less structured. The educator is not specifically looking for factual answers but instead attempts to take children from the basic, with which they are familiar and have them apply higher levels of thinking to the subject.

Education-diagnostic meetings. These are often the hardest meetings for the educator to conduct since the aim is to discover weaknesses in the student's understanding (and not just their memorization) of the current subject matter. This type of meeting seeks to induce questioning and discussion about a subject between the students themselves. The educator attempts to have the students gain a working, living, and relevant picture of the content rather than a mastery of the facts alone. By not incorporating correction and value judgements during the meetings the educator can more clearly "test" the students' understanding of the subject matter.

Conducting meetings. Since the techniques used in classroom meetings are seldom taught in teacher education programs, few teachers possess the skills to immediately implement such a program. Most teachers need some in-service training, observations of meetings, and opportunities to co-lead a class with a more experienced practitioner. Glasser (1969) has suggested several steps for the school wishing to start and maintain such a program:

(1) The philosophy behind the concept of classroom meetings needs to be discussed and understood by the faculty.
(2) An experienced educator familiar with the use of the meetings demonstrates them for individual teachers and the whole faculty.
(3) Educators need to understand that the circular seating arrangement is the most facilitative arrangement there is. They will need to look for ways to make a rapid shift from the regular seating arrangement to the circle formation of chairs.
(4) Teachers should sit in a different place in the circle each day. Children who need to be separated may be separated without causing a problem with the process.
(5) Beginning practitioners should consider teaming with a person more experienced in holding meetings.
(6) Disciplinary meetings should not be repetitive. This tends to be counterproductive. However, when important disciplinary problems arise there should not be any reluctance to openly deal with them in the meetings.
(7) Duration of meetings in the primary grades should not be any longer than 10 to 15 minutes. Intermediate

grades may have meetings up to 30 minutes in length and secondary students may even extend the time beyond 30 minutes.

(8) Most students work best with the opportunity of recognition given to those raising their hand. The teacher may want to give those who choose not to raise their hand the chance to contribute as well.

(9) The leader should not interrupt a child to correct bad grammar, bad usage, or mild profanity since this may tend to stifle contributions from that child as well as others.

(10) The never ending commentary of the talkative child should be interrupted after a reasonable period with statements such as, "We'd like to go on to someone else. We'll come back to you in a little while". Such statements help the class but don't hurt the child.

(11) Class meetings may result in a child relating some very personal material. Keeping in mind that adult (teacher) anxiety in these matters is usually much higher than the students' anxiety, it is often best to listen to the material and learn more about the student.

IN BRIEF...

Class meetings provide the educator with a cognitive and affective learning tool.

Class meetings may be social-problem-solving, open-ended, or educational-diagnostic in nature.

All meetings are positive, nonjudgemental, and solution-seeking by design.

Educators may need to learn to conduct meetings through in-service, demonstrations, and teaming approaches.

Following simple guidelines will facilitate the productivity of the classroom meetings.

Resource

Schools Without Failure. William Glasser, M.D., New York: Harper and Row, 1969.

How to Build an Affective Education Program*

1. Involve the community in recognizing the need for affective education programs and use their input in planning for such programs.

2. Involve the school administration in the early stages of program planning.

3. Be aware of community attitudes and modify the program to fit community needs.

4. Assure the community that the program is not going to delve into sensitive or controversial issues such as religion, sexuality, or the occult.

5. Inform parents of what you are doing and encourage children to share their affective learnings.

6. Evaluate your program or invite others to do so. Feedback can help to make the program more successful.

*Interpolated from an article by David L. Smith and Martha F. Muir entitled, "How to Ruin an Affective Education Program" which appeared in the Fall 1976 Journal of Clinical Child Psychology. (Vol. 5)

RELAXATION and IMAGERY

Relaxation Training & Mental Imagery

Koeppen (1974) has noted, and most educators would agree, that students will experience some degree of tension at one time or another during their early school years. The degree of tension experienced will vary from mild to severe. The causes may range from lack of knowledge in a given subject to test anxiety or extreme parental pressure.

Relaxation training and mental imagery practices are two techniques that can be used to deal with this tension as well as provide a self-enhancing skill for the student to use throughout a lifetime of meeting stressful circumstances. The purpose of this section is to provide the educator with the necessary background and skills to employ these techniques within the classroom.

Relaxation Training

The emphasis in our schools has returned to the basics. The student is expected to be proficient in reading, writing, and mathematics. Yet psychologists have proven repeatedly that heightened anxiety inhibits learning and decreases the opportunities for developing a healthy and wholesome personality. In an earlier section of this volume it was noted that continued anxiety is also predictive of future emotional adjustment problems. Yet estimates of problematic anxiety in elementary school students have reached as high as 30% of the student population.

Thus it becomes increasingly clear to the educator that relaxation could be thought of as education's fourth "R". Relaxation equips the student with the skills to cope with many of the life stresses inherent in modern society. Tension disorders have been definitively identified as a major threat to the health of the total population. A school-based program teaching relaxation skills is perhaps the most efficient way to reach a majority of the population.

Although relaxation training often employs the use of mental imagery, the reverse is not necessarily true. Therefore, each of these techniques will be discussed separately.

Relaxation training has been used extensively since Wolpe (1958) first noted that relaxation inhibited the anxiety response. Since that time its use has expanded to helping individuals deal not only with anxiety but phobic reactions, stress management, pain control, natural childbirth, and hyperactivity.

Once children have learned the skills involved in relaxation, they will be able to use them even when an instructor is not present. Thus they will have learned a skill they can keep and use for a lifetime. Rossman and Kahnweiler (1977) have also noted that trained children begin to discriminate between a tension state and nontension states in their everyday functioning.

Many educators are interested in the use of relaxation training with hyperactive students. Dunn and Howell (1982) experimented with the use of relaxation training for elementary-aged hyperactive males. They found these types of children could be taught relaxation in several ways and that short-term positive effects were readily observable. Redfering and Bowman (1981) also noted similar observable benefits in using relaxation with behaviorally disturbed young children.

Student preparation. In preparing students for relaxation training it is essential that the adult leader have a firm grasp of the process. This is accomplished most efficiently by the instructor undergoing relaxation training prior to instructing the students. A script similar to the one that follows could be taped and used by the educator and then used again later with the students. If the educator has questions or concerns about relaxation training, most counselors are familiar with the process and could act as a helping consultant.

Since young students are unfamiliar with the adult verbalizations used to describe tension, a simple demonstration is usually a good initial step. Have the children bend their wrists upward like a police officer would to stop traffic. Have them hold this position for a minute or two. Then have them let their hand rest. Repeat this a few times and the students will gain a better understanding of the concepts of tension and relaxation.

Once this concept is experienced the educator needs to briefly describe what the process of relaxation training is to the students. Depending on the age of the child the educator may need to simplify or expand the explanation. The teacher may tell younger students that they are going to do a relaxing game. This is a game they can use when their bodies don't feel good or have tight feelings. Older children can be told more explicitly what relaxation training is and have their questions answered about the process. A common misconception with older children is that relaxation is hypnosis. While relaxation is used in hypnosis, it is not a form of hypnosis.

Relaxation script. What follows is one of many varieties of scripts developed by the author to help children learn to relax.

> Now get yourself in a comfortable position, laying on the floor with all of the parts of your body touching the floor, your hands, your head, your feet, and your

back. Take two deep breaths in, let them completely out....now, I want you to begin to play an imagining game with me. A game where your body is going to become very loose, very heavy, and very comfortable, like it was a rag doll. Now, just let all of the muscles of your body get very, very, very tight. Tighten up the muscles of your face. Tighten up the muscles of your hands. Tighten up the muscles of your feet and hold them tight. Hold them. Hold them. Now let all of them go untight. Just flop down. Now...the feelings that you are feeling right now are relaxation feelings. We're going to go through and do that with each of the muscles of your body so that they can become relaxed. But they have to know the difference between being relaxed and not being relaxed, so we're going to tighten each one of them up and then we're going to let each one of them get very flippy-floppy and loose. Now, lets start down at the bottom of your body with the toes. Make your toes go very, very tight inside your shoes so that they are pressing against the bottoms of your shoes... so that your whole foot feels very, very tight because your toes are pushing against your shoes. Now...let your toes just relax and take a little rest, and notice how they feel different now than they did before. Now...I want you to tighten up some other muscles in the bottom parts of your legs. I want you to move your toes so that they come closer to your head, and feel how the muscles in your lower leg get very, very tight when your toes start pointing up towards your head. Now let all of those muscles relax and feel the different feelings that those muscles in your legs have. Feel those different feelings. Now, I want you to make the muscles in the top parts of your legs go tight. You might even need to make all of the muscles in all the parts of your leg go tight. Keep them tight. Now let them go loose so that they are heavy and kind of have a warm and comfortable feeling in them. Now, I want you to think and kind of pretend to yourself that someone was going to hit you in the stomach, and so you had to tighten up your stomach really tight so that it wouldn't hurt. Tighten up all of the muscles of your stomach, like if someone was going to hit you. And hold it. Hold it for a few seconds. Now let your tummy go loose, so that you can feel those same warm feelings in your toes, in your legs, and in your tummy.

Now, let the muscles of your chest tighten up. Hold them tight. Then let them go loose and feel how warm and comfortable they feel, with each and every breath that you take. Now, pull your shoulders up so that they are very, very close as they can get to your ears and feel how tight your shoulders feel. Hold your shoulders up real high so that they're close to your ears and then just let them relax back down the way they normally would be. Feel the difference in how your shoulders feel. Now, I want you to make a fist in both hands and tighten up every muscle in your entire arms so that they feel very, very tight, as if you were going to have to hit someone. Feel how tight they feel. Hold the fist tight...squeeze, squeeze, tight. Now let your hands and your arms relax, so that now most of the parts of your body just begin to feel that nice, warm, tingling feeling. Now, while you're laying down and your eyes are nice and closed I want you to make a face like you would make if you had just eaten a very, very sour lemon. Squeeze all of the muscles of your face very close together, like you just had a lemon. Hold your face like that. Now, let your face relax so that the muscles of your face, and of your shoulders, and of your arms, and hands, and the muscles of your tummy, and legs, and feet, and toes are all beginning to get very, very heavy, very, very warm and very, very comfortable. Let your mind feel all of those warm, comfortable feelings. Think how each muscle feels as it's just laying there...comfortable.... relaxed....warm...and tingly. And let each and every time that you breathe make your body feel more and more relaxed...more and more relaxed.

Now in just a few moments we are going to go back to our regular way of feeling with our bodies, but you have learned a new way that you can make your body very relaxed and very comfortable and you can use this at your home or at other times when you need to. Now, as soon as you want, you can start wiggling some of the muscles of your hands and of your fingers and then the rest of your body until your whole body feels the way that it regularly does, and as soon as you do that you can get up and go back to your seat.

IN BRIEF...

Relaxation is a neglected but necessary part of the learning process.

Relaxation is finding increased use in elementary school classrooms.

Educators with experience in relaxation make better student trainers.

Counselors are a useful source of help in this area.

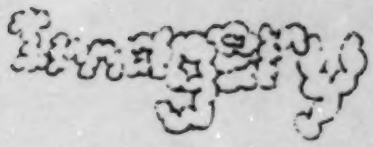
Use of taped relaxation instructions leaves the educator free to give individual help.

Resources on Relaxation

Progressive Relaxation Training: A Manual for the Helping Professionals. D.A. Bernstein and T.D. Borkovee, Champaign, Ill.: Research Press, 1973.

The Relaxation Response. Herbert Benson, New York: William Morrow, 1975.

Psychotherapy by Reciprocal Inhibition. J. Wolpe, Stanford, CA.: Stanford University Press, 1958.



Guided Imagery

Guided imagery techniques are generally suitable and beneficial for all children who are in touch with reality.

Educators have found that imagery techniques can be used to increase intuitive and creative expression, increase motivation to learn, and teach children to better understand and manage their emotions. The guiding of the imagery by the educator helps to create a sense of security for the student as well as a sense of direction for the educator.

By using imagery the students can try out new, more effective behaviors. Students can also imagine themselves handling strong emotions such as anger in a socially appropriate manner.

Imagery can also be used to increase a student's self-awareness. Students can go on an imagery journey through their own minds or bodies. By shrinking to the size of a speck of dust the student can experience tense neck muscles or an anxious stomach from a new perspective.

As with relaxation training, it is helpful for the educator to first experience the use of imagery before employing imagery in the classroom. Imagery occurs more freely if the child is relaxed but imagery can also be used to help facilitate relaxation.

Student preparation. Educators should explain to students that they are going to participate in creative or imagination games. The term "fantasy" should be avoided since in some circles fantasy carries with it some negative or inappropriate connotations.

Educators may want to preview the imagery for the class in addition to discussing it afterward. This tends to demystify the process for the child and may facilitate greater involvement in the process.

Audiotaping. Although audiotaping of relaxation scripts was recommended previously, the same does not hold true for an imagery experience. The leader needs to be very much aware of the pace and nonverbal cues of the group. Modifications and adjustments as to timing and content must be tailored to the needs of the participants.

Maturity. The age of the class needs to be taken into account in structuring an imagery experience. For instance, although four year olds can successfully follow simple and familiar directions for an active imagery experience, complex or novel directions are ineffective for young children. Between the ages of six and eight, children begin to be able to incorporate more complex and novel directions and imagery.

An easy and appropriate way to gauge the level of complexity to use with your students would be to solicit the children's current fantasies. This information has the added benefit of providing a means for the leader to incorporate already existing fantasies into the imagery experience.

IN BRIEF...

Imagery is appropriate for all children in touch with reality.

Imagery is a form of affective training in that it allows children an opportunity for self-awareness and creativity.

Educators should adapt the pace, content, and complexity of the experience to class characteristics.

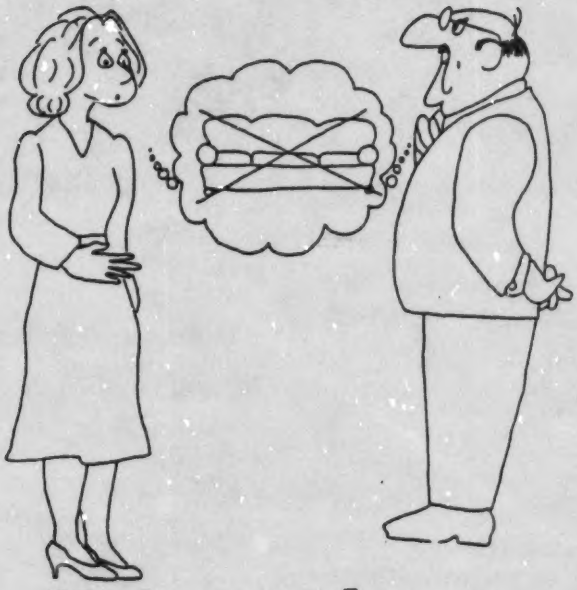
Resources on Imagery

The Centering Book. G. Hendricks and R. Willis, Englewood Cliffs, N.J.: Prentice-Hall, 1975.

In the Mind's Eye: The Power of Imagery for Personal Enrichment. Arnold Lazarus, New York: Random House, 1978.

Left-Handed Teaching. G. Castillo, New York: Praeger, 1974.

Put Your Mother on the Ceiling. R. DeMille, New York: Viking, 1955.



Using the

Mental Health Professional

Using the Mental Health Professional

Who, What, Why, Where, and When?

Perhaps the best way to describe how educators can properly use the services of a mental health professional is to answer the questions most frequently asked by educators about such services.

Q. When should I use the services of a mental health professional for a student?

A. "If in doubt, check it out". If you are having a difficult time with a student behaviorally or if you have noticed any of the emotional problem indicators discussed previously, you may wish to consult a professional.

Several years ago a psychologist responded in a "Dear Abby" column to Abby's frequent advice that writers or readers should seek counseling. The psychologist noted that counseling is often least effective when it is needed most and most effective when it is needed least. That is to say that if people wait until their problems reach crisis proportions, counseling may not be as effective as it would have been at an earlier point in the development of the problem.

Q. What types of services do mental health professionals offer?

A. Most educators are aware that mental health professionals offer evaluation and counseling services. These services are variously offered to individuals, families, and groups.

Frequently practitioners offer additional consultation services. These services are defined as services where the mental health professional and the educator share their expertise to help a student. The educator is the expert on curriculum and can give myriads of information on a child's social functioning, while the mental health professional is competent in evaluating a child's behavior and thought processes.

Some school psychologists may act as consultants. Large districts may also have contracts with professionals or clinics to provide such services. Publicly funded community mental health centers routinely offer a limited amount of consultation services to area schools.

Q. What are the types of mental health professionals that a child or his family could be referred to for services?

A. The major types of service providers are:

Psychologist. These are professionals who have received graduate level education in assessing and treating individuals who are in emotional distress or experiencing other types of psychological disturbances. Most practitioners of this type have majored in psychology in their bachelor's, master's, and doctoral degrees.

Psychiatrist. This type of professional is a physician. After completing a medical degree the physician undergoes a residency in psychiatry of varying between two to five years in length. These residencies often center on hospital inpatient services.

Marriage & Family Therapist. These individuals possess graduate degrees in a human services field. They are trained to assess and treat families and couples as well as individuals. There is an emphasis placed on viewing problems within the context of the family. To whatever extent is helpful, family members are also included in the treatment of the troubled individuals. Many of these professionals concentrate on helping children solve their problems by involving the family.

Psychiatric Social Workers. Some graduate level social workers concentrate or specialize in treating disturbed individuals. They offer such services as counseling, group work, referral, and other traditional social work services.

Guidance Counselors. School districts employ graduate level guidance counselors to varying degrees in their elementary schools. Unlike many secondary counselors, elementary counselors are free from most scheduling and registration concerns.

The main functions of the elementary guidance counselor are to provide counseling, consultation, and coordination. Counseling usually occurs in groups but may include individuals and families. It is time limited and depth limited. Consultation consists of helping teachers, parents, and administrators to deal with child related problems. Coordination involves the counselor's role in coordinating the various community and school psychological, social, and health services toward the child's best interests and well-being.

Q. How do I refer a child who appears to need mental health services?

A. Referral can be as simple as picking up the telephone or as complex as filling out a comprehensive referral form. The former is more common than the latter.

The most important point to remember is that the mental health professional will want to know exactly what the problem consists of. Although such labels as "obnoxious" or "sassy" may explain how you perceive the child, they are not descriptive of what behaviors are actually occurring.

Educators often find it useful to describe a child in terms of an ABC model as in the following case:

A. Appearance: Unkempt, walks with a limp, etc.
B. Behavior: Throws books approximately three times a day.
C. Communication: Uses profanity with students but not adults.

Educators also need to be very clear in dealing with any referral resource as to what will be done. Professionals are often unsure if an educator has requested consultation on a case or has referred it for treatment. Unless the professional is within the school system, further communication between educator and mental health professional usually requires a signed release of information form.

Q. Are there services other than those provided by mental health agencies to which I may directly refer students?

A. Yes. The educator often needs to enlist the services of other social service agencies in order to meet the needs of the student. Many community agencies provide these needed services. However, relatively few educators are aware of the several services to which they may refer students. What follows is a listing of agencies located in the Weber County, Utah area that provide services that might be utilized by a referring educator:

Community Resources

American Youth Association,
P. O. Box 2114, Ogden, Utah 84404.
Phone: 393-7213 / 394-9254
Services: Service projects of all kinds, volunteer work to rest homes and hospitals. Members learn different skills in arts and crafts, ceramics, camping, sports and wildlife.

Big Brothers of Northern Utah, P. O. Box 1443, Ogden, Utah 84402.
Phone: (801) 393-8631.
Purpose: The Big Brothers program is the one man-one boy concept of friendship between a volunteer man and a boy who has no adequate male figure to help him. The influence of the character and personality of the one man is utilized for the development of the one boy under the direction of a trained counselor/coach.

Catholic Charities of Salt Lake City, Utah, 2900 S. State, Salt Lake City, Utah. Phone: (801) 486-5476.
Purpose: To provide a program of professional social services.
Services: Counseling and supportive services. Six programs: Family Assistance and Referral; Foster Care; Child Welfare; Unmarried Parents; Adoption; Vietnamese Resettlement Program.

Chicano Preschool Program Weber County Comprehensive Mental Health Center, Ben Lomond Hotel, 2510 Washington Blvd., Ogden, Utah 84401.
Phone: (801) 399-8711.
Services: Parent education on early learning and infant stimulation for preschool children provided in the home or in groups.

Child Center of Ogden, 920 32nd Street, Ogden, Utah 84403.
Phone: (801) 392-4712.
Services: In psychiatry, medicine, psychology, speech, social work, child development and education. Provides comprehensive therapeutic intervention program to alleviate the varied problems of clients and their families which includes emotional and/or behavioral problems and developmental or learning disabilities. Pre-school and therapy.

Children's Aid Society of Utah, 652 26th Street, Ogden, Utah 84401.
Phone: (801) 393-8671.
Services: Counseling and help for unwed mothers and fathers and their families. Group programs for single parents and their children; Foster Care Program; Early Childhood Stimulation Program; Young Mothers Rap; Full Range of Adoption Services.

Community Health Clinic, 2650 Washington Blvd., Ogden, Utah 84401.
Phone: (801) 393-5355.
Purpose: To help provide primary health care for the community.
Services: Medical - screening, acute, follow-up, outreach; health and nutritional counseling, referrals made where clients have other needs.

Family Counseling Service of Northern Utah, Inc., 2632 Jefferson, Ogden, Utah 84401. Phone: (801) 393-3064.
Services: Marriage counseling, parent child counseling, single parent adjustment problems, personal adjustment problems and all others that affect the successful functioning of the family unit.

Family Financial Counseling Center, 381 Eccles Bldg., Ogden, Utah 84401. Phone: (801) 393-8697.
Services: Being a non-profit organization, the counseling of debtors in their best interest is the primary concern.

Family Support Center, Inc., 622 23rd, Ogden, Utah 84401. Phone: (801) 393-3113 / Child Abuse Crisis Line 393-6666.
Services: 24-hour child care services for parents needing time out.

Handicapped Children's Service - Northern Unit, 1100 Orchard Ave., Ogden, Utah 84404. Phone: (801) 394-1647.
Services: Diagnostic evaluation by interdisciplinary clinics consisting of pediatrician, nurse, social worker, psychologist, speech pathologist and audiologist. Additional services when indicated. Treatment of a child is limited to certain chronic conditions and those whose family's financially qualify.

Housing Authority of the City of Ogden, 2650 Washington Blvd., #103, Ogden, Utah 84401. Phone: (801) 399-8307 or 8308.
Purpose: To provide rental housing for low income families eligible for the program.

Indigent Medical Program, 3725 Washington Blvd., Suite #4, Ogden, Utah 84403. Phone: (801) 399-3794 or 3795.
Services: Wide range of medical services to Weber County residents (or transients) who have limited income or no income, are not eligible for Medicaid, Medicare, or Rehabilitation, and have an exhibital medical need or have had medical services provided within the last 30 days. Once processed and approved for the program, services include doctors office calls, medicine, x-rays, and other diagnostic tests. However, all services must have prior authorization by the outreach office except in cases of emergencies.

Listening Post, P. O. Box 262, Ogden, Utah 84402. Phone: (801) 621-4444.
Services: A listening service for the troubled in the community. Does not give solutions to problems, but refer to appropriate local agencies.

Mental Retardation Association of Utah, Inc., Weber County Chapter.
Phone: Toll Free 1-800-662-5401 (S.L.C.)
Purpose: To serve mentally retarded children and adults and their families in Weber County.
Services: To represent the rights and welfare of the retarded through promotion of improved programs and initiation of new services in their behalf such as the Utah State Training School, community group homes, nursing homes, community schools, social and legal advocacy, day-activity centers, recreation, education, health, and rehabilitation services.

Ogden City Recreation Department, 1220 23rd Street, Ogden, Utah 84401. Phone: (801) 399-8253.

Purpose: To provide a wide variety of diversified programs, year round recreation, cultural and social activities for all age groups.

Services: Recreation programs, social activities, cultural events.

Parents Without Partners, Inc., Ogden Chapter, P. O. Box 644, Ogden, Utah 84402. Phone: (801) 825-5412.

Purpose: Non-profit educational organization devoted to the welfare of single parents and their children.

Services: Family functions, group discussions, and adult socials.

Positive Parenting Program, Weber County Mental Health, 2510 Washington Blvd., Ogden, Utah 84401. Phone: (801) 399-8711.

Purpose: A preventive Mental Health Program designed to improve family relationships and encourage the development of more emotionally healthy children.

Services: Parent education and counseling, individually and in classes and groups. Also, Thomas Gordon's Parent Effectiveness Training.

Share, Inc., P. O. Box 9315, Ogden, Utah 84409. Phone: (801) 479-4042.

Purpose: To establish a community emergency supply of food to be given to individuals and families in need on a referral basis.

Services: Emergency food delivered to the applicant by a volunteer. (Share also has baby foods and formula.)

Utah Legal Services, 385 24th Street, Eccles Bldg., Suite 522, Ogden, Utah 84401. Phone: (801) 394-9431.

Purpose: To provide legal assistance to those individuals and groups who are unable to pay for such services and to promote and advocate legal reforms through legal processes for the benefit of low income and minority groups and individuals.

Services: Civil representation in non-fee generating cases for residents of Weber, North Davis, Morgan, Box Elder, Rich, and Cache Counties.

Utah Migrant Council, 12 East Center Street, Midvale, Utah 84047. Phone: (801) 566-1638.

Purpose: To provide health, education and housing services for migrant and seasonal agricultural workers, also to coordinate with local, state, and federal agencies in encouraging and assisting migrant families to settle out of the migrant streams.

Services: Headstart and day care for children of migrant families during the summer, adult education, health care services and emergency referral help in food and housing crisis situations. Provided at the Community Health Clinic in Ogden.

Utah State Assistance Payments Administration, District 2-A, Weber-Morgan Social Services, P. O. Box 349, Ogden, Utah 84402. Phone: (801) 621-8270.

Services: Provide eligibility determination for money payments, medical assistance (Title XIX), and food stamps under rules and regulations promulgated by the State of Utah, Department of Social Services.

Utah State Division of Family Services, District 2-A, 385 24th Street, Ogden, Utah 84401. Phone: (801) 621-8270.

Purpose: To enable citizens of Utah to restore, maintain, or enhance their capacity for self-support, self-care, independent living, and for strengthening family life.

Services: Adoptive, counseling, day care, developmental disabled, education and medication, home management, housing -- landlord/tenant mediation, protective substitute care, transportation, socialization, and reassurance.

Weber County Information and Referral, Ben Lomond Hotel, 2510 Washington Blvd., Ogden, Utah 84401. Phone: (801) 399-8750.

Purpose: To provide appropriate information to any person with a need and refer them to the right agency where their needs will be met.

Services: Information giving, assessment of problems, referral to appropriate agency and follow-up relating to problems or needs. Follow-up research and special projects as requested by agencies of the Office of Support Services.

Weber Mental Health Youth and Children's Services, 550 24th Street, Suite 107, Ogden, Utah 84401. Phone: (801) 399-8732, 8734, 8745 or 8711. (New address will be: 550 24th, Ogden, Utah 84401.)

Services: 1) Individual, family and group counseling. 2) Classes in parenting skills, counseling and education. 3) Consultation and education services to the general community. The Youth Center staff provide counseling services to school-age children and parents. A residential program for juvenile offenders is available (Renaissance Project), located at 653 25th, Ogden.

Weber-Morgan District Health Department, 2570 Grant Avenue, Ogden, Utah 84401. Phone: (801) 399-8431.

Purpose: To protect and promote the health of the people and to enforce health laws, regulations and standards in accordance to Title 26-15-33 through 53, and 26-21-1 through 42 other state and local laws and ordinances as enacted.

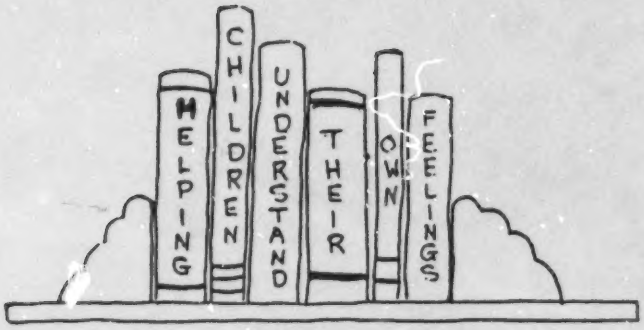
Services: Sanitation and environmental health, foodhandlers permits, basic community laboratory services, vital statistics, control of communicable diseases, public health nursing, family planning clinics, home nursing visits, well baby clinics, nutritional programs, W.I.C. Program, Cervical Cancer Screening Program, and health education. Stimulation for developmentally delayed children, and high risk infant program.

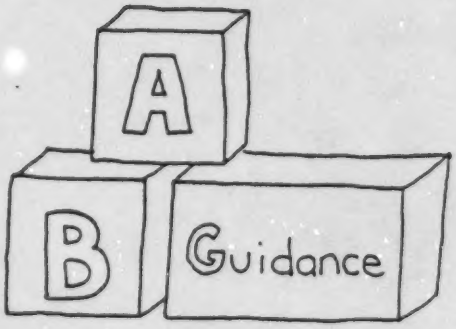
Weber-Morgan Foster Parent Association - Phone Harold Adams at 392-4026.

Purpose: Education of foster parent and community on Foster Care programs and training -- provide self-help for foster parents.

Services: Consultation, educational workshops.

Guidance Activities





Guidance Activities

Guidance activities are those that help prepare a child to live successfully within his society. A basic premise of using this type of model in the basic curriculum is that every content area in the schools has a guidance component that can and should be taught simultaneously with the academic concepts.

The difference between guidance activities and affective education is important to make, although the two models are compatible. The affective curriculum is often comprehensive in and of itself and deals with the areas of self-understanding and dealing with emotions. Guidance activities tend to "piggyback" on these areas within the academic curriculum (reading, social studies, etc.) and focus on several areas of social functioning in addition to feelings.

Most guidance activities are teacher made extensions of the day's lesson that involve the child in increased learning about how he or she functions within society. Some school districts and state boards of education have compiled and categorized these activities to assist educators in incorporating them into the academic curriculum.

The compilers of such programs usually stress that guidance activities work best when there is a match between the activity and the educator's teaching style. This is done by the educator either adapting previously used activities or inventing his own activities within a broad conceptual framework.

What follows are short reviews of two comprehensive guidance activity programs.

Georgia Comprehensive Guidance Series

Sponsor: Georgia Department of Education, Atlanta, Georgia 30334 in conjunction with the University of Missouri at Columbia.

By far the most comprehensive guidance program surveyed is the Georgia Comprehensive Guidance Series. This series includes activity guides for students K-12. The series also includes a program planning guide, a staff development curriculum, and a comprehensive curriculum guide.

This program holds that developmental guidance contains certain philosophical bases or assumptions:

Assumption 1: Guidance should help develcp and protect students' individuality.

Assumption 2: Guidance program should be available to everyone at all levels.

Assumption 3: Guidance should meet developmental as well as remedial needs.

Assumption 4: Guidance should be integrated into the total educational process.

The developers have outlined eight broad areas of human growth that guidance programs can help develop. These eight areas are:

(1) Self-understanding.
(2) Interpersonal relations.
(3) Expression of ideas.
(4) Gathering and processing information.
(5) Rights and responsibilities.
(6) Valuing and decision making.
(7) Achievement motivation.
(8) Problem solving.

Development within these areas helps the student function in the basic life roles of learner, individual, citizen, consumer, and producer.

The originators of this series note that there are three different methods educators use in gaining guidance curriculum materials. These are adopting, adapting, and creating.

Adopting. This is the process whereby the educator avoids "reinventing the wheel". Since many national, state, and local projects have been developed there may be many materials that share the same goals as the educator has.

Adapting. This is the process an educator uses when guidance materials are suitable in some of their dimensions but not in all areas. The educator then alters the material in some of these dimensions (e.g. age level) before using it.

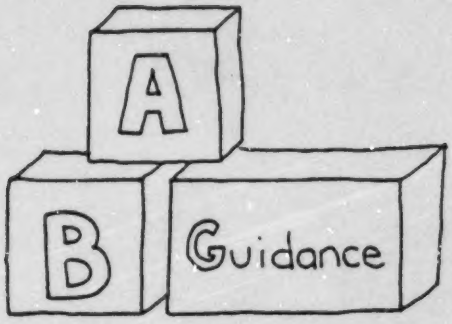
Creating. This is the process the educator uses when certain goals are in mind but materials are not in hand. It involves outlining what students need to learn, organizing resources and activities, and identifying standards for evaluation of learning.

The series also gives directions for educators wishing to write their own guidance activities.

Samples of activities for elementary aged children are included in Appendix A of this guidebook.

The various guides connected with the Georgia Comprehensive Guidance Series are also available on microfiche from the ERIC Document Reproduction Service by the following access numbers:

ED 222 784	Program Planning Guide.
ED 222 785	Staff Development Guidance Curriculum.
ED 222 786	A Comprehensive Guidance Curriculum for Elementary and Secondary Schools.
ED 222 787	Kindergarten Activities Guide.
ED 222 788	Second Grade Activities Guide.
ED 222 789	Third Grade Activities Guide.
ED 222 790	Fourth Grade Activities Guide.
ED 222 791	Fifth Grade Activities Guide.
ED 222 792	Sixth Grade Activities Guide.
ED 222 793	Seventh Grade Activities Guide.
ED 222 794	Guidance Curriculum Methods Guide for Secondary Schools.



Primary Guidance Activities

Sponsor: South-Western City School District, 465 Kingston Avenue, Grove City, Ohio 43123 (614/875-2318)

This program was designed for educators serving in the primary grades. It attempts to integrate the seven broad developmental areas of: (1) individual and environment; (2) world of work; (3) self; (4) economics; (5) educational training; (6) employability/work adjustment; and (7) decision-making.

These seven broad areas are taught through activities covering thirty-five topical areas. The thirty-five areas are:

(1) capabilities
(2) changes
(3) cooperation
(4) criticism
(5) differences
(6) family
(7) feelings
(8) free time
(9) friends
(10) following directions
(11) handicaps
(12) honesty
(13) improving environment
(14) kindness
(15) magic circle
(16) materials
(17) patience
(18) paying attention
(19) problem solving
(20) rejection
(21) responsibility
(22) role playing
(23) rules
(24) school phobia
(25) school relevancy
(26) self acceptance
(27) self control
(28) self importance
(29) senses
(30) sharing
(31) social skills
(32) strangers
(33) tattling
(34) values
(35) work habits

Although these thirty-five areas appear inclusive the compiler has included an extensive index which refers the reader to areas where very specific topics are included. Other user helps include a book list for thirty-three of the areas, a section on guidance activity materials, and directions for using the "Magic Circle" program.

Most of these activities were developed by educators with minimal training in the area of guidance. They are usable and modifiable. The fact that these activities were teacher made or teacher modified should encourage other educators to develop their own original guidance activities.

Sample activities from this program are included in Appendix B of this guidebook.

The full text is available on microfiche as ERIC Document Reproduction Service Number ED 156 866.

Role Playing

Role playing is a guidance method with great flexibility. It has been used in several different subject areas with several different types of students.

This method has been found to be of value in affective education, values clarification, and building effective interpersonal skills. It is valuable because it is a guided behavioral rehearsal for real life situations.

The possible applications for role playing are numerous, yet few educators employ this activity. For many educators there is a feeling that special training or a theatre arts background is needed to do the job right. This is not the case.

The following outline was developed by Laura Mohr and her associates (1980). It is for use with educators who need some direction in order to begin using role playing.

I. Building Comfort

With students in a circle tell them you are going to create an object in space with your hands (e.g., an ice-cream cone). Create something familiar to them and then "pass" it around the circle.

II. Building Involvement

Have students individually pantomime the following types of situations for the group.

1. Obstacles to cross -- river, fire, fence, snow, ladder, etc.
2. Places in space -- bedroom, playground, church, bus, hospital.
3. Household chores -- sweeping, mopping, washing dishes.
4. "Open the box" -- receive, open, and use a gift received.
5. Senses -- showing how we explore with each one.

   A) Sight: Watch a game, find someone in a crowd.
   B) Hear: Listening to good music, boring lecture.
   C) Touch: Pulling taffy, walking in the grass, playing in mud.
   D) Taste: Candy, onions, hot sauce.
   E) Smell: Perfume, a fire, flowers, a skunk.

6. Confined spaces -- jail cell, crawling in a cave, broken elevator.

III. Introduce interaction among the players by using a chair, have the class describe all the uses of chairs. Make the chair into something amusing to the students such as a dentist's chair. Create a scene around the chair and have different groups act it out. Let groups begin to change the chair into other types of chairs.

IV. Add Dialogue

If students have not evolved into a dialogue at this point have them add it in.

V. Using Role Play

Use the role playing strategy in a number of ways to help your class to:

1. Explore situations your students are likely to face.
2. Explore other people's situation to foster empathy.
3. Explore children's fantasies.
4. Explore real interaction problems that have occurred in the class.
5. Aid students in subject matter areas to get a more vivid understanding of the subject.

Resources

Life Coping Skills for Exceptional Children. Laura L. Mohr, Philadelphia: Council for Exceptional Children, 1980 (ERIC Document Reproduction Service No. ED 188 405).

Role Playing for Social Values: Decision Making in the Social Studies. F.R. Shaftel, Englewood Cliffs, N.J.: Prentice-Hall, 1967.

Values Exploration Through Role Playing. R. Hawley, New York: Hart Publishing Company, 1975.

Bibliotherapy

Bibliotherapy is a term used to describe the occurrence of positive outcomes when a child with a specific need interacts with a book, record, or videotape that has the potential to meet that child's need. Bibliotherapy has had a long history of use by counselors with problem students. Recently many educators have seen the value of "prescribing" and "debriefing" certain books with their non-disturbed students who might benefit from the content.

Bibliotherapy for the child in crisis or the troubled student is still best left in the hands of the counselor. However, the educator who is familiar with the students' lives and with the books on the library shelf can make a tremendous positive impact upon the child.

Many teachers have been using these concepts for years. At the first of the school year, many primary grade teachers read such stories as The Boy Who would not go to School or Miss Nelson is Missing in order to ease the children's fears or impact behavior.

The greatest precaution that needs to be stressed is the educator's familiarity with the book and the child. Some books on a general topic may be written in a way that a particular child reading them might actually experience a reduction in motivation or self-esteem or possibly a heightening of fear. Children who already show symptoms of problems should be discouraged from books that might exacerbate the symptom. For example, a child with a problematic use of fantasy should not be encouraged to read such books as Where the Wild Things Are.

What follows is a listing of books divided into the guidance areas they touch on. Familiarity and wise use of these resources can result in positive growth and development for young children.

Capabilities.

All by Myself. Jane B. Moncure, Elgin, Ill.: The Child's World, 1976.

Everything Changes. Morris Philipson, New York: Random House, 1972. (Identity/changes)

I am Loveable and Capable. S. Simon, Niles, Ill.: Argus Communications, 1973. (Self-concept)

Once a Mouse. Marcia Brown, New York: Charles Scribner's Sons, 1961. (Self-acceptance)

The Terrible Thing that Happened at Our House. Marge Blaine, New York: Parents Magazine Press, 1975. (Changes)

Tico and the Golden Wings. Leo Lionni, New York: Pantheon, 1964.

What Every Kid Should Know. J. Kalb and D. Viscott, Houghton Mifflin, 1976. (Self-concept)

Death.

The Accident. Carol Carrick, New York: Seabury, 1976. (Pet death)

The Big Wave. Pearl S. Buck, New York: John Day, 1948.

The Bird's Last Song. Judith Liberman, Menlo Park, Calif.: Addison-Wesley, 1976.

The Dead Bird. Margaret W. Brown, New York: Young Scott Books, 1965.

Death is Natural. Laurence Pringle, New York: Four Winds, 1977.

Growing Time. Sandol Stoddard Warburg, Boston: Houghton Mifflin, 1969.

Life and Death. Herbert Zim and Sonia Blecker, New York: William Morrow and Company, 1970.

The Magic Moth. Virginia Lee, New York: Seabury, 1972.

My Grandson Lew. Charlotte Zolotow, New York: Harper & Row, 1974.

A Summer to Die. Lois Lowry, Boston: Houghtin-Mifflin, 1977.

Talking about Death. Earl A. Grollman, Boston: Beacon Press, 1970.

A Taste of Blackberries. Boris Buchman, New York: Thomas Y. Crowell Company, 1973.

Where the Red Fern Grows. Wilson Rawls, New York: Doubleday and Company, 1961. (Pet death)

Why did Grandma Die? Trudy Madler, Milwaukee: Raintree, 1980.

Why did he Die? Audrey Harris, Minneapolis: Lerner, 1965.

Differences.

Crow Boy. Taro Yashima, New York: Viking Press, 1955.

The Five Chinese Brothers. Clair H. Bishop and Kurt Wiese, New York: Coward, McCann & Geoghegan, 1938.

Divorce.

The Boys and Girls Book about Divorce. Richard Gardner, New York: Bantam, 1970.

Daddy. Jeannette F. Caines, New York: Harper & Row, 1977.

A Girl Called Al. Constance C. Greene, New York: Viking Press, 1969.

I Won't Go without a Father. Muriel Stanek, Chicago: Albert Whitman & Company, 1972. (Single parent)

Me Day. Joan M. Lexau, New York: Dial Press, 1971.

My Dad Lives in a Downtown Motel. Peggy Mann, New York: Doubleday & Company, 1973.

A Part of the Dream. Eve Bunting, Mankato, Minn.: Creative Education, 1978.

Where is Daddy? Beth Goff, Boston: Beacon Press, 1969.

Will Dad ever Move Back Home? Paula Z. Hogan, Milwaukee: Raintree, 1980.

Cooperation.

A Bargain for Frances. Russell Hoban, New York: Harper & Row, 1970. (Friends)

Dr. Gardner's Fairy Tales for Today's Children. Richard Gardner, Englewood Cliffs, N.J.: Prentice-Hall, 1974.

The Poppy Seeds. Clyde R. Bulla, New York: Thomas Y. Crowell, 1955. (Sharing)

Swimmy. Leo Lionni, New York: Pantheon, 1963.

Emotions.

The Boy With a Problem. Joan Fassler, New York: Behavioral Publications, 1971.

Caring. Jane B. Moncure, Elgin, Ill.: The Child's World, 1980. (Empathy)

Dr. Gardner's Stories About the Real World. Richard Gardner, Englewood Cliffs, N.J.: Prentice-Hall, 1972. (Conflicts)

Don't Worry Dear. Joan Fassler, New York: Behavioral Publications, 1971. (Insecurity)

I Feel: A Picture Book of Emotions. George Ancona, New York: E.P. Dutton, 1977.

If I Had My Way. Norma Klein, New York: Random House, 1974. (Attention)

I Hate Boys/I Hate Girls. Paula Z. Hogan, Milwaukee: Raintree, 1980. (Changes)

I Have Feelings. Terry Berger, New York: Behavioral Publications, 1971.

I Never Say I'm Thankful, But I Am. Elgin, Ill.: The Child's World, 1979.

Island of the Blue Dolphins. Scott O'Dell, Boston: Houghton Mifflin, 1960. (Loneliness)

Jane's Blanket. Arthur Miller, New York: Crowell-Collier, 1963. (Dependence)

Kindness. Jane B. Moncure, Elgin, Ill.: The Child's World, 1980.

Love. Jane B. Moncure, Elgin, Ill.: The Child's World, 1980.

Snaffles. Steven Cosgrove, Mankato, Minn.: Creative Education, 1980.

Sometimes I Like to Cry. Elizabeth and Henry Stanton, Chicago: Albert Witman, 1978. (Sadness)

T.A. for Kids. A. Freed, Sacramento, Ca.: Jalmar Press, 1971.

T.A. for Tots (and other Prizes). A. Freed, Sacramento, Ca.: Jalmar Press, 1973.

What Does it Mean? Sad. Sylvia R. Tester, Elgin, Ill.: The Child's World, 1980. (Sadness)

What Makes Me Feel this Way? Growing Up with Human Emotions. E. LeShan, New York: Collier, 1972.

Fears.

Bedtime for Frances. Rusell Hoban, New York: Harper & Row, 1960. (Darkness)

The Don't Be Scared Book. Ilse-Margaret Vogel, New York: Atheneum, 1964. (General)

Now I Know. Julius Schwartz, New York: McGraw-Hill, 1955. (General)

There's a Nightmare in My Closet. Mercer Mayer, New York: Harper and Row, 1968. (Darkness)

While Suzie Sleeps. Nina Schneider, New York: William R. Scott, Inc., 1948. (Darkness)

Family Areas.

Abby. Jeannette Caines, New York: Harper & Row, 1973. (Adoption)

A Baby Sister for Frances. Russell Hoban, New York: Harper & Row, 1964. (New sibling)

Grandma Didn't Wave Back. Rose Blue, New York: Franklin Watts, Inc., 1972. (Old age)

Luke Was There. Elanor Clymer, New York: Holt, Rinehart, and Winston, 1973. (Foster care)

Me and Mr. Stenner. Evan Hunter, Philadelphia: J.B. Lippincott, 1976. (Stepparent)

My Baby Brother Needs a Friend. Jane B. Moncure, Elgin, Ill.: The Child's World, 1979. (Siblings)

The Pretty House that Found Happiness. Elanor Eisenberg, Austin, Tx.: The Steck Company, 1964. (Adoption)

A Quiet Place. Rose Blue, New York: Franklin Watts, Inc., 1969. (Foster care)

The Temper Tantrum Book. Edna M. Preston, New York: Viking Press, 1969. (Parental demands)

Welcome Child. Pearl S. Buck, New York: John Day, 1963. (Adoption)

Why Couldn't I Be an Only Child Like You, Wigger. Barbara S. Hazen, New York: Atheneum, 1975. (Only child)

Handicaps.

The Door in the Wall. Marguerite DeAngeli, New York: Doubleday and Company, 1949.

Follow My Leader. James B. Garfield, New York: Viking Press, 1958. (Blindness)

He's My Brother. Joe Lasker, New York: Whitman Publishing Company, 1973. (Academic slowness)

MBD: The Family Book about Minimal Brain Dysfunction. Richard Gardner, New York: Aronson, 1973. (Learning and hyperactivity problems)

Spectacles. Ellen Raskin, New York: Antheneum Press, 1968. (Glasses)

The Very Tall Girl. Phyllis Krasilovsky, New York: Doubleday and Company, 1969. (Tallness)

Why Glasses: The Story of Vision. George J. Sands, M.D., Minneapolis: Lerner, 1960.

Medical.

Curious George Goes to the Hospital. Margaret and H.A. Rey, New York: Harper & Row, 1944. (Hospitalization)

The Hospital Scares Me. Paula Z. Hogan, Milwaukee: Raintree, 1980. (Hospitalization)

I Want Mama. Majorie Weinman, New York: Harper & Row, 1974. (Hospitalization of a family member)

The Mind Is a Funny Thing. Barry R. Berkey, M.D., and Velma A. Berkey, Minneapolis: T.S. Dennison, 1973. (Psychiatric help)

Mister Rogers Talks about going to the Doctor. Fred Rogers, New York: Platt & Munk, 1974. (Doctor visits)

What Happens When You Go to the Hospital. Arthur Shay, Chicago: Reilly and Lee, Division of Henry Regnery Comp., 1969. (Hospitalization)

School.

Going to School. Fred Rogers, New York: Platt & Munk, 1974. (Beginning school)

I'd Rather Stay Home. Carol Barkin, Milwaukee: Raintree, 1975. (School avoidance)

Sometimes I Hate School. Carol Barkin, Milwaukee: Raintree, 1975.

The Very Worst Thing. Berthe Amoss, New York: Parent's Magazine Press, 1972. (New school)

Shyness.

Benji. John M. Lexau, New York: Dial Press, 1964.

The Shy Little Girl. Phyllis Krasilovsky, Boston: Houghton-Mifflin Company, 197[illegible].

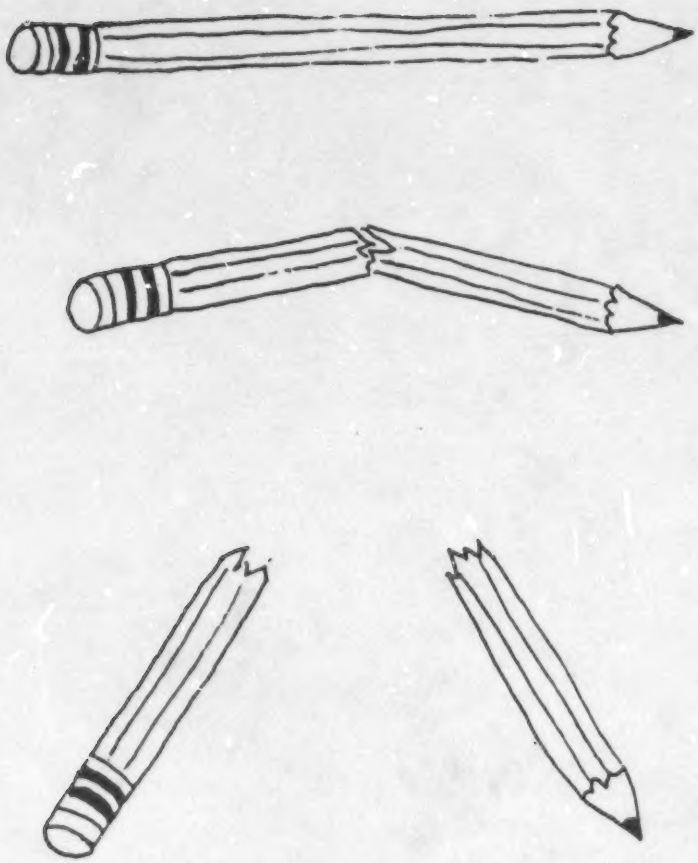
The Five Faces

A less comprehensive but very simple way to begin teaching children about their emotions is known as the "Five Faces" technique. Each of the faces represents a distinct class of feelings as follows:

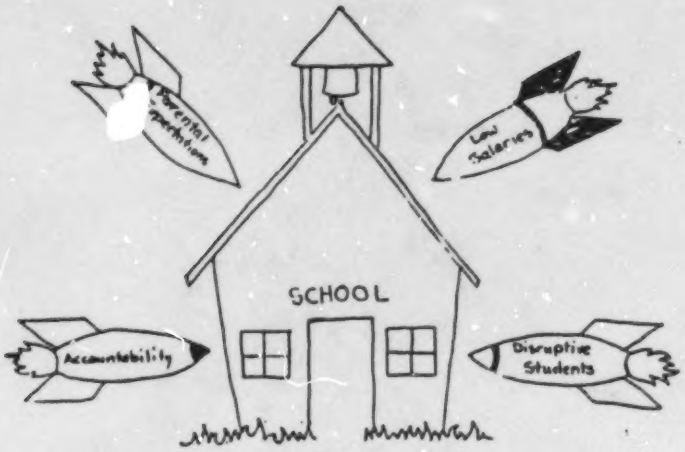
SAD MAD GLAD SCARED LONELY

Each of these faces can be placed on cards or on a "feelings" poster. Each area of feeling can be an area of focus for a period of time and the chart can be used as a starting point for classroom discussions. A child who needs help in identifying "what is happening" feeling-wise may be assisted by an adult familiar with identifying these five basic feelings.

Some alcoholism prevention programs for young children use feeling identification as a basic component. It is hypothesized that a fuller understanding and appreciation of our own feelings is the first step in avoiding alcohol as an emotional crutch. We also learn that feelings are ours and no one elses.



PROFESSIONAL STRESS



Professional Stress

Education and Stress

There are times in many educators' careers when they are unable to provide effective guidance for their students. One is when the educator is compromised by trying to cope with the heavy stress that is inherent in teaching.

Education is consistently listed as one of the highest stress-related occupations along with law enforcement, psychiatry, and other human service occupations. It is rare to find an educator who has not experienced some amount of professional stress.

Riley (1981) has defined stress as follows: "Stress is when an individual interprets a situation as being irritating, harmful, or threatening and reacts to it negatively. This behavior is frequently reflected by unhealthy physiological changes such as high blood pressure, ulcers, headaches, and body pain".

Riley (1981) also cited a 1979 Massachusetts Teacher's Association survey of elementary teachers listing what they felt were the eight greatest sources of stress for the teacher. In order of importance they listed:

1) Managing disruptive students.
2) Increased paperwork.
3) Lack of preparation.
4) Public pressure on the teacher.
5) Overcrowded classrooms.
6) Dealing with parents.
7) Mainstreaming special education students.
8) Fear of losing their job.

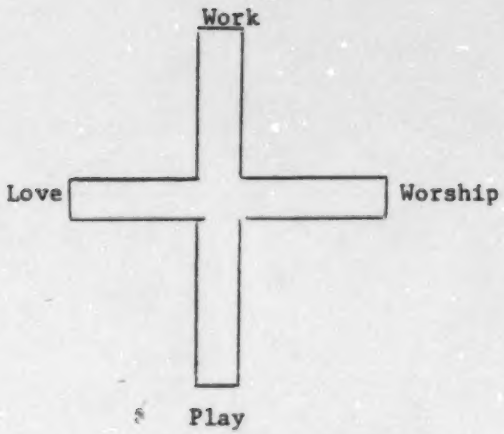
There is one interesting distinction between the two main sources of stress. The first and most common type of stress is called self-imposed stress. The second type of stress is often referred to as situational stress.

Self-imposed stress comes more from overtrying than overdoing. It is a result in many ways of unrealistic expectations that we place on ourselves, ignoring our limitations.

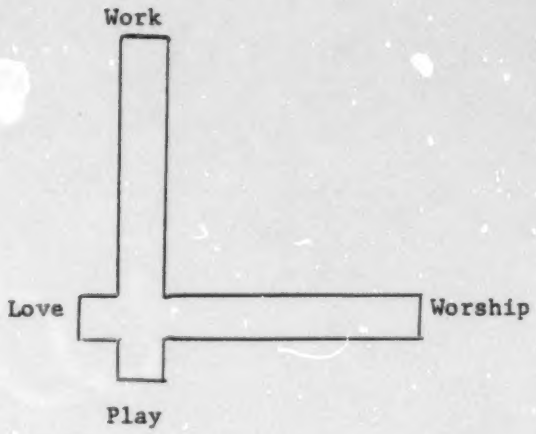
Situational stress is less of a cause of stress reactions than we generally want to believe. Situational stress comes about through systems (i.e., schools, families) imposing unrealistic or unduly restrictive rules, regulations, and procedures on us.

It needs to be made clear that stress is not what is going on in your environment. Stress is your body's reaction to what is going on in your environment. Your body's reaction is determined, in large measure, by how you mentally process your environment.

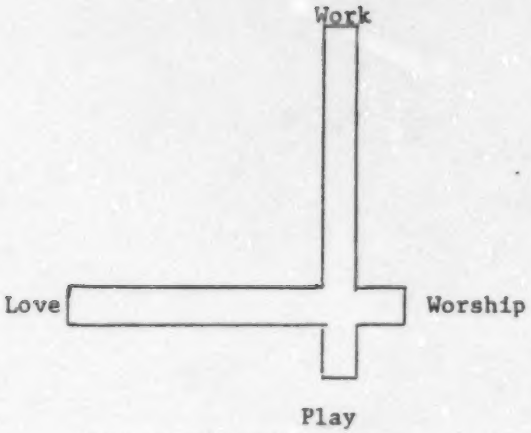
Much of our self-imposed stress can be attributed to an "unbalanced" lifestyle. The following model, developed by the Mayo Clinic*, illustrates this concept. The model's originators believe that continued overemphasis of one part of the lifestyle cross to the exclusion of other areas will eventually result in stress and fatigue.



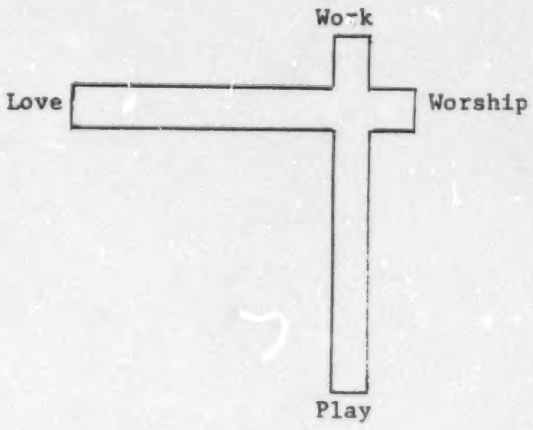
Normal Life



Spinsters, school teachers, missionaries,.....



Some tired Business-men



Socialites, playboys, debutants,....

*Adapted from a handout provided by Weber Mental Health Center, Ogden, Utah. Attributed to early stress research done by the Mayo Clinic.

This model in many ways refutes the three most common myths about stress:

1) Stress affects only persons who lead fast paced lives.
2) Stress is always caused by events in our lives.
3) We always know when we are under stress.

In fact, the opposite of these statements is a much closer approximation to what is known about stress.

Since many educators are unaware that they are experiencing stress reactions without some sort of feedback, Riley (1981) has provided the following checklist of stress indicators in teachers.

Recognition of Stress in Teachers*

Stress can be overtly manifested by teachers in a variety of ways:

1) Wringing of the hands.
2) Developing pallor, rash, and other changes of appearance in the skin.
3) Shaking of hands, feet, and legs as if suffering from a palsy.
4) Squirming or being unable to sit still.
5) Verbalizing protests in the form of rationalizations.
6) Protesting by non-verbal behavior, e.g., being consistently late for meetings.
7) Excessive defensive, non-problem solving verbalization.
8) Emotionally withdrawing as if in a state of apathy when really feeling anxious.
9) Denial of the reality of feelings (e.g., "everything is just fine").
10) Lashing out verbally at students in inappropriate ways.
11) Displacing aggression on family members when the threat of confronting a fellow educator or parent is too great.

If a number of these indicators fit you then there is a good possibility that you are experiencing stress in such a way that it is beginning to make inroads into how you function. One very positive aspect of stress, however, is that it can be successfully dealt with so that it no longer interferes with a person's functioning.

*Adapted from R. Jon Leffingwell, Elementary School Guidance and Counseling, April, 1979, pages 288-289.

Dealing With Stress

Most programs that help people deal with stress contain similar components. These include identifying sources of stress, attending to our physical needs, relaxation training, rethinking, time management, conflict analysis, and using support systems.

Identifying Sources of Stress

Once a person has come to the realization that they are experiencing stress, it is important to identify the sources of the stress. Once these sources are identified, it is much easier to plot a course to help deal with the stress.

It was noted earlier that stress comes from two general sources. Self-imposed stress originates from our own unrealistic self-expectations. Situational stress can be traced to restrictions placed on us by the systems we are a part of.

The Social Readjustment Rating Scale* contains several items that tend to produce situational stress. They are ranked in the order of most stressful to least stressful. If many items on this list apply to you, there is a good chance you are dealing with situational stress.

The Social Readjustment Rating Scale*

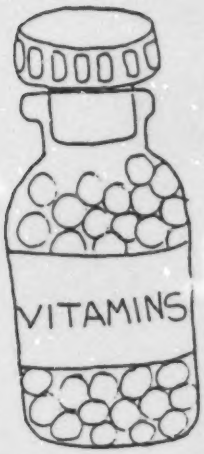
	Life Event	Mean Value
1.	Death of spouse	100
2.	Divorce	73
3.	Marital separation	65
4.	Jail term	63
5.	Death of close family member	63
6.	Personal injury or illness	53
7.	Marriage	50
8.	Fired at work	47
9.	Marital reconciliation	45
10.	Retirement	45
11.	Change in health of family member	44
12.	Pregnancy	40
13.	Sex difficulties	39
14.	Gain of new family member	39
15.	Business readjustment	39
16.	Change in financial state	38
17.	Death of close friend	37
18.	Change to different line of work	36
19.	Change in number of arguments with spouse	35
20.	Mortgage over $10,000.00	31
21.	Foreclosure of mortgage or loan	30
22.	Change in responsibilities at work	29
23.	Son or daughter leaving home	29
24.	Trouble with in-laws	29
25.	Outstanding personal achievement	28
26.	Wife begin or stop work	26
27.	Begin or end school	26
28.	Change in living conditions	25

29.	Revision of personal habits	24
30.	Trouble with boss	23
31.	Change in work hours or conditions	20
32.	Change in residence	20
33.	Change in schools	20
34.	Change in recreation	19
35.	Change in church activities	19
36.	Change in social activities	18
37.	Mortgage or loan less than $10,000.00	17
38.	Change in sleeping habits	16
39.	Change in number of family get-togethers	15
40.	Change in eating habits	15
41.	Vacation	13
42.	Christmas	12
43.	Minor violation of the law	11

Situational stress can be dealt with, to a large extent, by some of the following solutions. However, in cases of situational stress it is also advisable to examine different alternatives that you may have to modify or remove the source of the stress.

Self-imposed stress can be identified by several means. If persons in very similar positions are not experiencing the same amount of stress that you are, chances are you are experiencing self-imposed stress. Similarly, if you saw yourself as overbalanced in one direction on the Mayo Clinic model reviewed earlier, or if your perception of the stress seems markedly different from others perception, it is likely you are suffering from self-imposed stress.

*See Holmes, T.H. and Rahe, R.H.: The Social Readjustment Scale, Journal of Psychosomatic Research II: 213-218, 1967, for complete wording of the items.



Physical Needs

Stress shows its effects physiologically as well as in social and emotional areas of functioning. It is, therefore, very important that our physical well being be given the necessary attention.

It is very common to see highly stressed people neglect their nutritional and physical exercise requirements. The person feels that there are just too many other important things which need their attention.

The lack of nutrition, inappropriate use of drugs, and too little exercise tends to compound the physical problems brought on by stress. Attending to a properly balanced diet and following an appropriate exercise program not only corrects the deficiencies but also aids in dealing with the stress itself. Lifestyle changes go a long way in dealing with problems of this magnitude.

Relaxation Training

In the muscles of the body, stress tends to show itself as muscular tension. This is often the case even if an individual does not perceive the tension, since it is possible to become accustomed to it.

An earlier chapter dealt with some techniques that educators can use in helping their students to acquire relaxation skills. Those very same techniques can work equally well with adults. The instructions can be placed on an audiocassette and used whenever they are needed.

As a person practices these relaxation skills, it becomes increasingly easier for them to sense which muscles or muscle groups are tensing at any given moment. It also becomes easier for them to use this natural form of biofeedback to relax the affected muscles.

At times, a person wishes to enjoy a state of relaxation but has only a few moments to do so. Riley (1981) has utilized a very simple relaxation exercise which can be accomplished in 30 seconds as follows:

Relaxation to Combat Stress
(30 seconds)

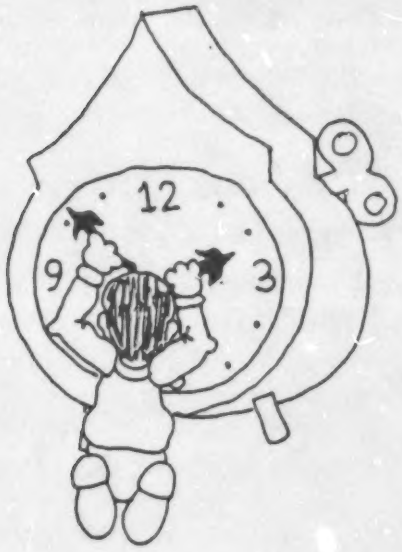
(To relax it is important not to be distracted by tight clothing and to set aside your watch and your glasses.)

Sit on the edge of a straight wooden chair. Place your knees about twelve inches apart, your legs slanting forward at an angle that is greater than 90^{0}.

Sit up very straight.

Now let yourself collapse like a rag doll, your head forward, your spine rounded, your hands coming to rest on your knees. Check yourself to be sure you are comfortable and then begin to talk to yourself as follows:

> "My right arm is heavy, my right arm is heavy..... my left arm is heavy, my left arm is heavy....." Then continue on with the other limbs and parts of the body until your whole frame is deeply relaxed.



Time Management

Stress tends to be felt more keenly when we believe that we are a slave to the clock rather than a master of our own time. Riley notes that Sparks and Hammond have developed eleven guidelines to help educators manage their time.

1. Never do anything a student can do just as well.
2. Don't take papers home.
3. Find alternatives to grading every single paper yourself.
4. Try to group your phone calls together.
5. Handle each piece of paper (especially memos or notes) only once. Handle it immediately and forget about having to remember it later.
6. Make a DO list every day. Only list those items which need to be done, not everything it would be nice to get done.
7. Do the hardest things early in the day.
8. Establish routines that students, once trained, can carry out without your guidance.
9. Learn to say "No" (and not feel guilty).
10. Use your waiting time effectively.
11. Ask yourself, "How would things be if I did not do this right now?" If your answer is, "Not too bad", then you may want to do something more productive.

Rethinking

Often in self-imposed stress our patterns of processing information are part of the problem rather than part of the solution. A lack of appropriate assertiveness, or the tendency to view situations as hopeless and terrible can contribute to an unnecessary increase in the way we experience stress.

Assertiveness. It is often interesting and sometimes bewildering to educators to think of themselves as non-assertive. They are able to tell students what, how, and when to do things. They may have very definite opinions on matters of policy, politics, and student performance. Yet many educators routinely fail to communicate their thoughts and feelings to those in a position to effect change.

This is not hard to understand when you begin to understand that the trait of assertiveness is very situation specific. That is to say that a person can be assertive with a grocer, but may have great difficulty communicating feelings to an auto mechanic.

People often confuse assertiveness with aggressiveness. Because of the negative feelings many people have about aggression they may choose instead to be passive in communicating their feelings. The distinction between these three ways of communicating is as follows:

> Aggressiveness: Standing up for personal rights and expressing thoughts, feelings, and beliefs in a way which is generally inappropriate since it violates the rights of the other person.
>
> Assertiveness: Standing up for personal rights and expressing thoughts, feelings, and beliefs in direct, honest, and appropriate ways that do not violate another person's rights.
>
> Passiveness: Violating one's own rights by failing to express honest feelings, thoughts, and beliefs and consequently permitting others to violate oneself, or expressing them in such a self-effacing manner that they can be disregarded.

When people are either aggressive or passive in their communication they fail to achieve socially satisfactory solutions to their problems. Passiveness in communication usually results in increased stress in the one who is being passive.

Assertive behavior tends to decrease stress. Many external stressors are effectively handled as they occur by using assertive behaviors and less of the emotional stress is internalized.

Conflict analysis. Closely related to the concept of assertiveness is the concept of conflict analysis. Simply stated, conflict analysis is attempting to identify the ways in which we attempt to manage interpersonal conflict. At times we actually increase the stress we experience while trying to resolve a conflict. The following worksheet might prove helpful in charting how you resolve interpersonal conflict. If you find that you utilize methods that don't allow for free expression of opinion and satisfactory resolution of the problem for all parties, chances are you are contributing to your own stress level. It would be well to look at alternative strategies.

Stress Reduction through Conflict Analysis

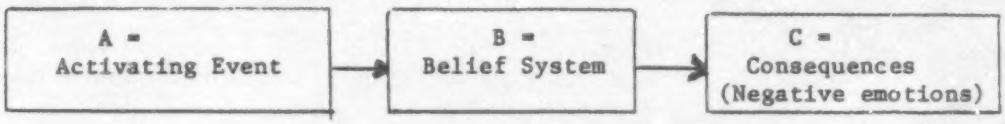
How do you usually handle conflicts at work? After each of the following techniques indicate if you use it frequently, occasionally, or rarely.

		Frequently	Occasionally	Rarely
1.	Avoid the person.	_____	_____	_____
2.	Change the subject.	_____	_____	_____
3.	Try to understand the other person's point of view.	_____	_____	_____
4.	Try to turn the conflict into a joke.	_____	_____	_____
5.	Admit you are wrong even if you don't believe you are.	_____	_____	_____
6.	Give in.	_____	_____	_____
7.	Apologize.	_____	_____	_____
8.	Try to find out specifically what you agree and disagree on to narrow the conflict.	_____	_____	_____
9.	Try to reach a compromise.	_____	_____	_____
10.	Pretend to agree.	_____	_____	_____

11. Get another person to decide who is right.	_____	_____	_____
12. Threaten the other person.	_____	_____	_____
13. Fight it out politically.	_____	_____	_____
14. Whine and complain until you get your way.	_____	_____	_____
15. Play the martyr; give in but let the other person know how much you are suffering.	_____	_____	_____

Awfulizing. Albert Ellis (1962), a noted psychologist, has argued that many people make things more awful than they are by using a process of mental "awfulizing". Ellis points out that most unfortunate things that happen to us are irritating, inconvenient, and unpleasant but few of them are fatal or life stopping.

Ellis also notes that many of us believe that it is these unfortunate occurrences that make us feel bad, depressed, or anxious. This, contends Ellis, is not the case at all. He uses a model similar to the diagram below to explain what really happens.



Thus if the parents of a behaviorally disordered student accuse a teacher of being incompetent for not managing their child, the teacher may feel depressed. The teacher assumes that it is what the parents said that made him depressed.

Ellis feels that it was not the remarks of the parents (activating event) that made the teacher feel depressed (consequence). Rather, it was the teacher's beliefs (B, in the ABC equation) that s/he was not doing all s/he "should" do to solve the problem.

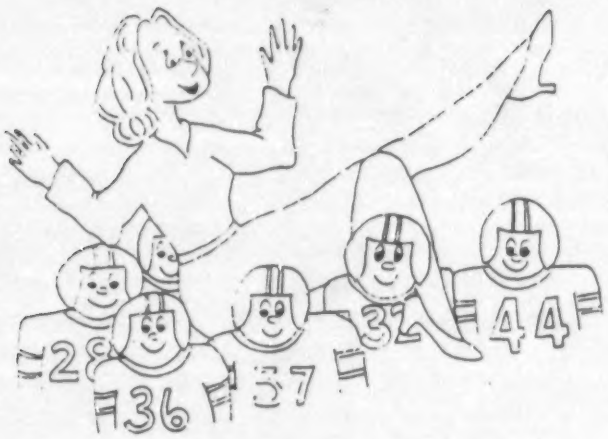
Ellis notes that the belief system portion of his formula can be easily detected in conversation by the presence of such words as "should", "ought", and "must". The teacher in the above example was not made depressed by the words that were spoken, but by the reaction of a belief system to what was said. If the same words had been spoken by parents whom the teacher viewed as totally incompetent, the effect would have been different.

By understanding and using these concepts Ellis believes that we become more "rational" thinkers.

Resources on the Ellis Model

A New Guide to Rational Living. Albert Ellis and R.A. Harper, Englewood Cliffs, N.J.: Prentice-Hall, 1975.

Reason and Emotion in Psychotherapy. Albert Ellis, New York: Lyle Stuart, 1962.



Support Systems

One of the most common feelings reported by people experiencing stress is a feeling of being in the fight all alone. This feeling of lack of support is not only a by-product of stress but helps to perpetuate the problem.

Riley (1981) feels that one answer to dealing with these very real feelings is to develop support systems. Some support systems may already be in place, while others may need to be established by you.

One frequently suggested form of support system is the support group. This can be a formal or informal group of co-workers who meet and associate as needed. The group has the potential to meet several social, professional, and personal needs of the educators participating.

Other forms of support systems include neighborhood groups, civic organizations, church groups, and even hobby groups. All of these "out-of-school" groups can act as a reminder that everything in the world does not revolve around your occupation.

When other areas of support seem to be nonexistent, or when stress seems to persist despite all your efforts, then professional help should be considered as a support system. When you consider how much of your adult waking life is spent on the job, the investment of time and money for counseling or therapy can become a significant investment in yourself.

Above all else Riley contends that you "must believe that solutions do exist to the problems of stress".

Resources

See the section on Relaxation and Imagery in this volume.

Appendix A

Kindergarten

OUR BODY

Self-Understanding

Goal A: Students will develop and incorporate personal care skills that will lead to satisfactory physical and mental health.

Competency: Students will describe ways they care for themselves.

Performance Indicator(s): Students will be able to: 1) Describe a healthy and unhealthy body; 2) Describe ways to keep healthy and safe; and 3) Describe ways to care for themselves in order to stay healthy and safe.

Activity

Total Time: 5 class periods during one week.
Suggested Subject Matter Area: Health and Safety.
Materials: Film: "Health: Your Food", coloring paper, crayons.

Directions: Discuss: 1) Meaning of the word "healthy"; 2) What a healthy body is; 3) Meaning of the word "unhealthy". 4) What an unhealthy body is. Introduce the four food groups.

Day 2: During snack time serve the children apple and orange slices, celery sticks, and carrot sticks. Have them identify each food. Stress eating food from each group every day.

Day 3: Show the film "Health: Your Food".

Day 4: Discuss: Importance of a good night's sleep. Have children draw 1) A picture of how they look when they are tired; and 2) A picture of how they look when they have a good night's sleep.

Day 5: Play a safe game with the class. Stress the importance of safety every day.

Evaluation: Students should be able to:

- Describe 3 characteristics of a healthy body.
- Describe 3 characteristics of an unhealthy body.
- Describe 5 ways to keep healthy and safe.
- Describe 3 ways to care for themselves.

Appendix A

Second Grade

PARTICIPATION

Interpersonal Relations

Goal B: Students will develop and use skills that encourage and enhance family relationships.

Competency: Students will describe activities they participate in as a family.

Performance Indicator(s): Students will be able to: 1) Describe activities they take part in with other family members.

Activity

Total Time: One or two class periods.
Suggested Subject Matter Area: Social Studies.
Materials: Drawing paper, crayons.

Directions: Discuss: Hobbies and leisure activities of students and their families.

Draw: Students show themselves with their families engaged in leisure activities.

Discuss: Children's drawings, illustrating the child's contribution to the activity.

Evaluation: The students should be able to describe 3 activities that they take part in with other family members.

Appendix A

Third Grade

T-SHIRTS

Expressing Ideas

Goal A: Students will develop and use an understanding of various methods of expression in their daily lives.

Competency: Students will describe ways others express important thoughts and feelings.

Activities

Total Time: One or two class periods.
Suggested Subject Matter Area: Language Arts.
Materials: Crayon, paper, duplicated activity sheet.

Directions: Discuss: 1) The different kinds of T-shirts people wear.
2) The different reasons people wear T-shirts.

Draw: A picture of a picture of a T-shirt the student would like to wear.

Discuss: In a circle discuss the reasons behind student choices.

Evaluation: Students will be able to describe an important thought or feeling of 2 other class members.

Appendix B

CAPABILITIES

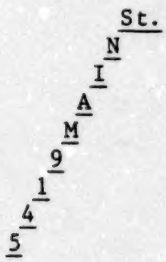
Objective: Children will relate a success to the class and chart an accomplishment for the future.

Career Developmental Area: Self and decision making.

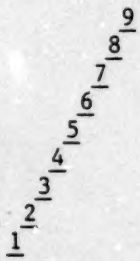
Activities: Have the children tell the class something they can do now but used to be afraid to try. Then have the children describe how they learned to do it.

SAY: Many difficult things can be learned if we start at the beginning and keep trying.

Draw steps for the children for a special thing they have to learn. Have them start at the bottom and work their way up to the top. Some suggestions might be identifying letters, numbers, or learning addresses, etc.



Child's Address



Number Identification

Appendix B

DIFFERENCES

Objective: Children will describe specific children and note differences in what we like, what we need, and how we look.

Career Developmental Area: Self.

Activities: POLICEMAN AND LOST CHILD GAME: Select one child to be a police officer and one child to be a parent. The parent asks the officer to help find his lost child. The parent then describes another student in the class. When the child is identified the parent becomes the police officer, the lost child becomes the parent and the game starts over.

DIFFERENT IDEAS AND VALUES: Have each child draw a picture of the most beautiful, funniest, or most frightening thing the child ever saw. Let each child tell about his own picture. Point out how we are often very different in what each of us considers beautiful, funny, etc.

Appendix B

FAMILY

Objective: The student will draw tools and clothes appropriate to his or her family.

Career Developmental Area: World of work.

Activity: Have students draw pictures of their parents in the clothes they wear to work. Cut them out to make paper dolls. Make clothes for the paper dolls to wear at home. Make tools or things for the paper doll to use at work.

Appendix B

PATIENCE

Objective: The child will identify times when patience is used.

Career Develpmental Area: Decision making. Goals.

Materials: Movie: "What Do You Do While You Wait?"

Story: DUSO I; Unit VII; Story B.

Activities: List things we have to wait for: Birthdays, vacations, bikes, etc. Discuss things that make waiting less tiresome: Counting days, preparations, waiting for things in between.

Appendix B

PROBLEM SOLVING

Objective: The child will give or hear a number of solutions to a number of problems.

Career Developmental Area: Decision making.

Activities: Discuss: "What would you do?"

1. You are in a big store and you can't find your mother.
2. Somebody at school says you did something wrong. You didn't do it.
3. You get home and you can't remember if you have any homework.
4. You're in a telephone booth and you need to call your father at work.
5. You need a map of Alaska for school and there isn't one in your book.

Appendix B

SELF CONTROL

Objective: The child will hear others' views of "pushy" behavior.

Career Developmental Area: Decision making - Application.

Materials: None.

Activities: Set an empty chair in front of the room. Tell the class to make believe that "Sudsy", a pushy kid who tries to take over everything, is sitting in the chair. Describe his behavior.

Ask several children to come up and tell "Sudsy" how they feel when he/she volunteers for everything. Do they feel less like volunteering? Do they feel angry? Do they keep quiet? Is it good to let Sudsy do all the work?

Have a general class discussion. Ask students to suggest alternatives for Sudsy. "What is a better way for Sudsy to handle the feelings he/she has to be in on everything?"

Appendix B

SELF IMPORTANCE

Objective: The child will receive feedback from others as to his/her own characteristics.

Career Developmental Area: Self.

Activity: Identification Game. Have three or four children stand in front of the class. Blindfold them to see which one can identify himself from spoken descriptions of his or her clothing. Make the transition to other types of characteristics, such as talents, interests, or positive attributes.

Appendix B

SOCIAL SKILLS-APOLOGIZE

Objective: The student will apologize when his or her actions have injured or infringed on another.

Career Developmental Area: Decision making-application, and self--not hurting feelings.

Activities: Discuss: What is an apology? When do we use one? Why should we apologize for things that are accidental? What can we say?

Tell the students what you expect them to do.

Show the students what you expect them to do. Example: Accidently, drop a paper you are handing to a student and then apologize.

Have students practice: (a) A student drops something while handing it to another student. (b) A student accidently slams the door. (c) A student accidently knocks another student's coat on the floor.

Reinforce appropriate behavior.